

Inpatient Hospital Discharge Database Documentation Manual Fiscal Year 2007

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General Documentation
FY2007 Inpatient Hospital Discharge Database

PART C. HOSPITAL RESPONSES

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5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Baystate Franklin Medical Center

Baystate Franklin submitted an “A” response, with the following comment:

Disposition codes 05 and 06 appear to be inverted; an update to our software caused the mistake. FY08 information will be correct.

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Baystate Mary Lane Hospital

Baystate Mary Lane Hospital submitted an “A” response, with the following comment:

Disposition codes 05 and 06 appear to be inverted; an update to our software caused the mistake. FY08 information will be correct.

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Disposition codes 05 and 06 appear to be inverted; An update to our software caused the mistake. FY08 information will be correct.

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5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

Beth Israel Deaconess Hospital - Needham

Beth Israel Deaconess Hospital Needham reported one discrepancy in the area of Source of Admissions. The hospital submitted the following comment:

Based on your discussion with our HIM Coder last week, we are noting that our statistics here at the hospital indicate the total number of discharges to be 2,530, not 2,524 indicated in your Report #001, Source of Admissions Frequency Report. We realize that this discrepancy of 6 cases does affect most of the reports in the profile, not just the one listed above. We will be working with you to monitor these numbers on a quarterly basis as we move forward.

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Brockton Hospital

Brockton Hospital submitted a “B” response with the following comment:

Brockton Hospital has successfully submitted the FY 2007 Inpatient Casemix Discharge Data and confirms the data to be accurate. The data has not been validated with the State’s annual report verification process, since the State was only able to supply a 3 quarters report. The 3 quarters reported by the state is accurate and reflects the hospital’s volume and statistics for FY2007. When the full FY2007 data is available from the state, Brockton Hospital will gladly review its accuracy.

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Caritas St. Anne's Hospital

Caritas St. Anne's Hospital submitted an "A" response with the following comment:

We have reviewed our ancillary charges compared to last year. The totals this year are lower due to our increase in the length of stay per the Fiscal Dept.

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Faulkner Hospital

Faulkner Hospital reported discrepancies in the areas of Source of Admissions, Patient Disposition, Discharges by Race, Discharges by Ethnicity, and Discharges by Race/Ethnicity. The hospital submitted the following comment:

Faulkner Hospital had only 106 discharges directly from Special Care (ICU) whereas DHCFP summarized 472 discharges. However, if DHCFP's report is capturing #discharges that had any Special Care charges on them, then I would agree with DHCFP.

My disagreement with the other 5 reports is that the data was not reported consistently across all 4 quarters. The race/ethnicity collection process became more refined midyear as did any POA criteria.

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Health Alliance Hospitals, Inc.

Health Alliance reported discrepancies in the areas of Source of Admissions and Condition Present on Admission. No further details were provided.

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Holyoke Medical Center

Holyoke Medical Center reported one discrepancy in the area of Discharges by Hispanic Indicator. The hospital submitted the following comment:

Please note that there is a discrepancy in the 1st quarter data between the number of discharges submitted by Holyoke Medical Center and the number of discharges returned to us for review on the Verification Report. I have determined that there are 25 discharges involving the Hispanic Indicator that we submitted; however because these were not being “counted” for the 1st and 2nd quarters, they were apparently not screened by the Division. Our total number of discharges submitted for Quarter 1 equaled 1,922 while the Detailed Verification Report for that quarter and that of the Verification Report equals 1,897. The approximate difference in charges is \$825,983.00.

Following the 1st quarter submission, our IS support staff, in conjunction with Meditech, was able to put in place the variables necessary to capture the Hispanic Indicator data for submission for the remaining quarters of FY2007. The total discharges submitted by this facility for the remaining quarters, match those on the Verification report.

Please take the above information into consideration in the analysis of our data.

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Hubbard Regional Hospital

Hubbard Regional Hospital submitted a “B” response, however, no further details were provided.

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Jordan Hospital

Jordan Hospital reported discrepancies in the area of Condition Present on Admission. The hospital submitted the following comment:

Per your request, I am writing with an explanation for our missing present on admission indicators (POA) on Jordan Hospital's fiscal year 2007 data.

Jordan encountered a software bug that wiped out POA indicators entered by coders in our code finder software when the patient data got filed into our core HCIS. Unfortunately, the bug went undetected throughout most of the fiscal year. By the time it was discovered and corrected, the volume of patients affected was too high for Jordan to be able to afford to correct. Thank you for your understanding in this matter.

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Lawrence General Hospital

Lawrence General Hospital reported discrepancies in the areas of Source of Admissions and Condition Present on Admission. The hospital submitted the following comment:

I believe there is an error in Q2 on Report 001 – Source of Admissions Frequency. The 1,841 patients listed as “M – Walk-in/Self-referral” should be listed as “R – Within Hospital Emergency Room Transfer”. This would be consistent with the other three quarters.

I also want to submit a caveat regarding Report 021 – Condition Present on Admission. Collecting this relatively new data element and applying uniform data definitions is still evolving. The accuracy of the data will improve as hospital staff become more experienced in applying the definitions correctly.

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Massachusetts General Hospital

Massachusetts General Hospital reported discrepancies in the areas of Discharges by Race, Discharges by Ethnicity, Discharges by Race/Ethnicity, and Discharges by Patient Hispanic Indicator. The hospital submitted the following comment:

I have reviewed the fiscal year 2007 Inpatient Hospital Discharge Data and Verifications Reports and found errors in the Race and Ethnicity for quarters 1 and 2 of FY 2007. These quarters were submitted prior to the implementation of stricter edits for many of the fields. We attempted unsuccessfully to re-submit these quarters last week.

The Race and Ethnicity fields are un-reported on the verification reports for Quarter 1 in the vast majority of cases and for roughly half of the cases in Quarter 2. For Quarter 1, the old race fields would have been used for submission but something should have been reported. For quarter 2, there would have been a combination of old and new data which should have been reported with the new format.

Since it is impossible to re-submit this data because of the incomplete Present on Admission data for this time period, the data is signed-off with the caveat that Race and Ethnicity are under-reported for this time period.

Thank you for the opportunity to comment on this issue.

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Mount Auburn Hospital

Mount Auburn Hospital an “A” response, with the following comment:

I have reviewed the inpatient verification report for FY2007 for Mount Auburn Hospital, and have verified what I could. Because there are so many new items to be verified, all of which involve complex custom reports to be written, I cannot verify all of the data elements. The data elements I am having trouble with are in customer defined screens, since Meditech does not build additional data elements to add to its standard unless it is mandated nationally.

Discharges by Race – I can verify only the first race listed.

Discharges by Ethnicity – cannot verify

Discharges by Race/Ethnicity – I have asked for a report to be written, hoping to get an answer to this and to the two above in the one report.

Discharges by Patient Hispanic Indicator – report not written

Condition Present on Admission – I need a report written for this.

We have a backlog of reports to be written, so for the ones I have not already asked for I can put in the queue; however, in looking at the data without the backing of reports, I can say that it looks reasonable.

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Nantucket Cottage Hospital

Nantucket Cottage Hospital reported discrepancies in the areas of: Source of Admissions, Discharges by Month, Patient Disposition, Discharges by Race, Discharges by Ethnicity, Discharges by Age, Type of Admissions, Discharges by Race/Ethnicity, Discharges by Patient Hispanic Indicator, and Routine Accommodation Services by Discharges. The hospital submitted the following comment:

Thank you for the opportunity to verify the Inpatient Case Mix Data for FY 2007. The hospital's census information indicates a discrepancy of 6 cases for FY2007. The census indicates a total of 666 discharges as compared with the 660 submitted. The 6 case discrepancy were all part of the 4th Qtr. Failed submission. Following are the areas addressed:

- Source of Admission – We had no extramural births. I will ask the registration supervisor to reclassify those 8 cases to maintain data integrity. The total newborn deliveries based on discharge data = 147, not 108 as reported. However, since the total overall discharges have a discrepancy of only 6 cases, I believe that the 39 births were not appropriately classified and are contained in the other source of admission data categories.
- Type of Admission – is accurate with the exception of the 4th Qtr. Newborn discharges which should reflect 36 discharges not 33 as reported. This adjustment brings the overall total to 666.
- Discharges by Month – is accurate with the exception of the failed 4th Qtr. July = 66 not 64 as submitted. August = 68 not 65 as submitted and September = 58 not 57 as submitted.
- Patient Disposition Frequency – 4th Qtr. Adjustments: (01) – 159 to 164/ (20) – 2 to 3/Total – 186 to 192. Adjustments to totals: (01) – 526 to 531/ (20) 12 to 13/Gtotal – 660 to 666.
- Race Disposition – 4th Qtr. Adjustments: R3 – 1 to 8/R5 – 53 to 160/R9 3 to 18/Unknow – 2 to 1/Total – 61 to 189. Adjustments to totals: R3 – 26 to 33/ R5 – 289 to 396/R9 – 18 to 33/Unknow 2 to 1/Gtotal – 340 to 468.
- Race/Ethnicity 1 Frequency Report – 4th Qtr. Additions: R3: mercn – 1 to 6/R3:Caribi – 0 to 2/R5: Amercn – 47 to 97/R5: Brazil – 1 to 6/R5: Easteu – 0 to 5/R5: Unknow – 2 to 3/R9: Dominican – 0 to 3/R9: Brazil – 0 to 1/Unknow:Unknow – 1 to 4/Total – 61 to 135. Gtotal – 340 to 414.
- Patient Hispanic Indicator Frequency Report – 4th Qtr. Additions: N – 59 to 111/Y – 2 to 14/Total – 61 to 125. Gtotal – 340 to 404.
- Discharge by Age Category – 4th Qtr accurate except 65+ yrs – 65 to 71. Gtotal – 660 to 666.
- Routine accommodation Services by DC Report – Total adjustments: 0111 – M/S = 355 to 372 / 0112 – OB = 157 to 147 / Gtotal = 660 to 666.

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New England Baptist Hospital

New England Baptist Hospital reported discrepancies in the areas of Discharges by Race/Ethnicity and Discharges by Patient Hispanic Indicator. The hospital submitted the following comment:

New England Baptist Hospital would like to add the following comments to FY 2007 Quarters 1 and Quarter 2.

The edits for Race and Ethnicity from Fiscal Year 2007 Quarters 1 and 2 from New England Baptist Hospital passed in the original submissions. However, these files needed to be resubmitted and subsequently failed the edits due to a change in the Division's program prior to the resubmission.

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Noble Hospital

Noble Hospital reported discrepancies in the areas of Discharges by Month, Top 20 APR 20 DRGs with Total Discharges, APR 20 MDCs Listed in Rank Order, Routine Accommodation Services by Discharges, and Condition Present on Admission. The hospital submitted the following comment:

I submitted the FY07 Inpatient Hospital Discharge Data Verification Response form on 5/30/08. Here is the detail of why we had some discrepancies.

With regard to the CPOA data, we have no reports available for verifying those numbers.

With regard to the MDC and DRG discrepancies, we are using Grouper 25 and the state used only APR 20 this year. Because of this difference and the fact that we can no longer access Grouper 24, we are unable to verify and explain the discrepancies.

The Routine Accommodation Services by Discharges seems to be off due to the ICU not appearing on the report. All the other accommodations tie out.

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Saint Vincent Hospital

Saint Vincent Hospital reported discrepancies in the areas of Routine Accommodation by Charges, Routine Accommodation Services by Discharges, and Condition Present on Admission. No further details were provided.

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UMass. Marlborough Hospital

UMass. Marlborough Hospital reported discrepancies in the area of Ancillary Services By Charges. No further details were provided.

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UMass. Memorial Medical Center

UMass. Memorial Medical Center reported discrepancies in the areas of Discharges by Ethnicity, Discharges by Race/Ethnicity, and Condition Present on Admission. The hospital noted the following:

Discharges by Race/Ethnicity – Ethnicity data is missing when race is reported.
Condition Present on Admission – Total volumes do not correlate to admissions.

PART C. HOSPITAL RESPONSES

5. INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

UMass. Wing Memorial Hospital

UMass. Wing Memorial Hospital reported discrepancies in the areas of Discharges by Race, Discharges by Ethnicity, Discharges by Race/Ethnicity, Discharges by Patient Hispanic Indicator, Ancillary Services by Discharges, and Condition Present on Admission. The hospital submitted the following comments:

Sections 007b, 008a, 008b, & 0010 – Q1 total is not broken out by Race.

Sections 009a & 009b – Q1 total is not broken out by Race. Q2 does not sum to 695. I would assume that the difference should be in the AMERCN category (009a) or the European category (009b).

Section 009b – Q1 and A2 total is not broken out by Race.

Section 0015 – The YTD total is incorrect. The total should be 31,572 not 7,476.

Section 021 – Q1 is showing the diagnoses as not reported or invalid. Q2-Q4 shows the majority of the Diagnoses as “Yes”.

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PART D. CAUTIONARY USE HOSPITALS

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PART D. CAUTIONARY USE HOSPITALS

Previous year's data contained a separate file for the failed submissions. Beginning with FY2000, the database contains all submissions together, both passed and failed submissions for all hospitals within the database. The failed submissions are marked with an asterisk for easy identification. In 2001, the database file added a supplementary report, "Top Errors", listing all top errors by hospitals. This list contains top errors for both passed and failed submissions. Although this is not a cautionary use listing, its purpose is to provide the user with an overview of all hospitals' top errors, not just the failed submissions.

There are two cautionary use hospitals for FY2007.

1. Jordan Hospital – The files submitted failed as a result of the hospital being unable to collect present on admission data for Q2, Q3, & Q4.
2. Massachusetts Eye and Ear Infirmary – Errors in all 4 quarters were mainly caused by some invalid accommodation revenue codes, some missing dates of principal procedures, as well as errors with the new data elements such as missing and/or invalid condition present on admission and attending and operating physician data.

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PART E. HOSPITALS SUBMITTING DATA FOR FY2007

- 1. List of Hospitals Submitting Data for FY2007**
- 2. Hospitals with No Data Submissions**
- 3. Discharge Totals and Charges for Hospitals Submitting Data by Quarter**

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PART E. HOSPITALS SUBMITTING DATA FOR FY2007

1. LIST OF HOSPITALS SUBMITTING DATA FOR FY2007

Anna Jaques Hospital
Athol Memorial Hospital
Baystate Franklin
Baystate Mary Lane
Baystate Medical Center
Berkshire Medical Center
Beth Israel Deaconess Medical Center
Beth Israel Deaconess - Needham
Boston Medical Center – Harrison Avenue Campus
Brigham and Women’s Hospital
Brockton Hospital
Cambridge Health Alliance - Cambridge
Cape Cod Hospital
Caritas Carney Hospital
Caritas Good Samaritan Medical Center
Caritas Good Samaritan Medical Center – Norcap Lodge Campus
Caritas Holy Family Hospital and Medical Center
Caritas Norwood Hospital
Caritas St. Anne’s Hospital
Caritas St. Elizabeth’s Medical Center
Children’s Hospital Boston
Clinton Hospital
Cooley Dickinson Hospital
Dana-Farber Cancer Institute
Emerson Hospital
Fairview Hospital
Falmouth Hospital
Faulkner Hospital
Hallmark Health System – Lawrence Memorial Hospital Campus
Hallmark Health System – Melrose-Wakefield Hospital Campus
Harrington Memorial Hospital
Health Alliance Hospitals
Heywood Hospital
Holyoke Medical Center
Hubbard Regional Hospital
Jordan Hospital
Lahey Clinic – Burlington
Lawrence General Hospital
Lowell General Hospital
Martha’s Vineyard Hospital

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PART E. HOSPITALS SUBMITTING DATA FOR FY2007

1. LIST OF HOSPITALS SUBMITTING DATA FOR FY2007 - *Continued*

Massachusetts Eye and Ear Infirmary
Massachusetts General Hospital
Mercy Medical Center – Providence Behavioral Health Hospital Campus
Mercy Medical Center – Springfield Campus
Merrimack Valley Hospital
MetroWest Medical Center
Milford Regional Medical Center
Milton Hospital
Morton Hospital and Medical Center
Mount Auburn Hospital
Nantucket Cottage Hospital
Nashoba Valley Medical Center
New England Baptist Hospital
Newton-Wellesley Hospital
Noble Hospital
North Adams Regional Hospital
North Shore Medical Center
Northeast Health System – Addison Gilbert Campus
Northeast Health System – Beverly Campus
Quincy Medical Center
Saint Vincent Hospital at Worcester Medical Center
Saints Memorial Medical Center
South Shore Hospital
Southcoast Hospitals Group – Charlton Memorial Campus
Southcoast Hospitals Group – St. Luke's Campus
Southcoast Hospitals Group – Tobey Hospital Campus
Sturdy Memorial Hospital
Tufts Medical Center
UMass. Marlborough Hospital
UMass. Memorial Medical Center
UMass. Wing Memorial Hospital
Winchester Hospital

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PART E. HOSPITALS SUBMITTING DATA FOR FY2007

2. LIST OF HOSPITALS WITH NO DATA FOR FY2007

The Division is pleased to announce that all Massachusetts acute care hospitals reported case mix and charge data for FY2007.

Note: Part D. Cautionary Use Hospitals contains information on hospitals with missing or problematic quarters. For FY2007, there were two cautionary use hospitals. See section for details.

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PART E. HOSPITALS SUBMITTING DATA FOR FY2007

3. DISCHARGE TOTALS AND CHARGES FOR HOSPITALS SUBMITTING DATA – BY QUARTER

The following is a list of hospitals submitting data with discharge totals and charges by quarter. It is included here as a means of enabling users to crosscheck the contents of the electronic data file they receive.

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr	Hospital Name	ORG ID #	Total Discharges	Total Charges
1	Anna Jaques Hospital	1	2,074	\$21,839,199
2	Anna Jaques Hospital		1,986	\$21,026,779
3	Anna Jaques Hospital		2,037	\$22,302,080
4	Anna Jaques Hospital		2,045	\$21,013,519
	Totals		8,142	\$86,181,577
1	Athol Memorial Hospital	2	248	\$3,036,546
2	Athol Memorial Hospital		263	\$3,876,069
3	Athol Memorial Hospital		215	\$2,938,003
4	Athol Memorial Hospital		246	\$3,048,853
	Totals		972	\$12,899,471
1	Baystate Franklin Medical Center	5	1,141	\$13,559,457
2	Baystate Franklin Medical Center		1,188	\$14,615,449
3	Baystate Franklin Medical Center		1,213	\$13,859,035
4	Baystate Franklin Medical Center		1,269	\$14,048,724
	Totals		4,811	\$56,082,665
1	Baystate Mary Lane	6	412	\$3,109,877
2	Baystate Mary Lane		443	\$3,583,874
3	Baystate Mary Lane		457	\$3,788,790
4	Baystate Mary Lane		407	\$3,258,567
	Totals		1,719	\$13,741,108
1	Baystate Medical Center	4	9,526	\$202,879,067
2	Baystate Medical Center		9,524	\$194,394,509
3	Baystate Medical Center		9,778	\$194,921,457
4	Baystate Medical Center		9,780	\$191,115,631
	Totals		38,608	\$783,310,664
1	Berkshire Health Systems – Berkshire	7	3,177	50,695,011
2	Berkshire Health Systems – Berkshire		3,228	51,506,602
3	Berkshire Health Systems – Berkshire		3,261	52,763,546
4	Berkshire Health Systems – Berkshire		3,348	51,116,908
	Totals		13,014	206,082,067
1	Beth Israel Deaconess – Needham	53	668	\$7,569,980
2	Beth Israel Deaconess – Needham		652	\$7,312,271
3	Beth Israel Deaconess – Needham		624	\$7,136,781
4	Beth Israel Deaconess – Needham		580	\$6,697,831
	Totals		2,524	\$28,716,863
1	Beth Israel Deaconess Medical Center	10	9,633	\$245,819,749
2	Beth Israel Deaconess Medical Center		9,665	\$250,451,891
3	Beth Israel Deaconess Medical Center		10,382	\$258,931,185
4	Beth Israel Deaconess Medical Center		10,359	\$259,281,147
	Totals		40,039	\$1,014,483,972

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TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr	Hospital Name	ORG ID #	Total Discharges	Total Charges
1	Boston Medical Center – Harrison Ave.	16	7,076	136,238,061
2	Boston Medical Center – Harrison Ave.		7,376	145,718,980
3	Boston Medical Center – Harrison Ave.		7,477	163,953,182
4	Boston Medical Center – Harrison Ave.		7,532	167,638,606
	Totals		29,461	613,548,829
1	Brigham and Women's Hospital	22	12,810	\$530,035,388
2	Brigham and Women's Hospital		12,643	\$509,983,313
3	Brigham and Women's Hospital		13,161	\$517,573,969
4	Brigham and Women's Hospital		13,289	\$518,553,956
	Totals		51,903	\$2,076,146,626
1	Brockton Hospital	25	3,037	\$36,529,494
2	Brockton Hospital		4,002	\$46,400,635
3	Brockton Hospital		3,946	\$46,269,634
4	Brockton Hospital		3,973	\$44,167,762
	Totals		14,958	\$173,367,525
1	Cambridge Health Alliance-Cambridge	27	4,269	49,528,867
2	Cambridge Health Alliance-Cambridge		4,476	59,045,013
3	Cambridge Health Alliance-Cambridge		4,222	58,466,680
4	Cambridge Health Alliance-Cambridge		4,372	56,974,431
	Totals		17,339	224,014,991
1	Cape Cod Hospital	39	3,940	\$72,945,627
2	Cape Cod Hospital		4,063	\$74,467,671
3	Cape Cod Hospital		4,293	\$71,876,258
4	Cape Cod Hospital		4,534	\$79,475,531
	Totals		16,830	\$298,765,087
1	Caritas Carney Hospital	42	1,650	\$22,309,017
2	Caritas Carney Hospital		1,701	\$24,864,191
3	Caritas Carney Hospital		1,706	\$22,478,143
4	Caritas Carney Hospital		1,670	\$22,066,957
	Totals		6,727	\$91,718,308
1	Caritas Good Samaritan Medical Ctr.	62	3,246	\$36,604,590
2	Caritas Good Samaritan Medical Ctr.		3,269	\$38,758,946
3	Caritas Good Samaritan Medical Ctr.		3,338	\$37,429,750
4	Caritas Good Samaritan Medical Ctr.		3,314	\$35,584,936
	Totals		13,167	\$148,378,222
1	Caritas Good Sam. - Norcap Lodge	4460	594	\$1,950,035
2	Caritas Good Sam. - Norcap Lodge		616	\$2,057,848
3	Caritas Good Sam. - Norcap Lodge		601	\$1,959,232
4	Caritas Good Sam. - Norcap Lodge		668	\$2,189,074
	Totals		2,479	\$8,156,189
1	Caritas Holy Family Hospital	75	2,855	\$36,175,428
2	Caritas Holy Family Hospital		2,904	\$36,119,434
3	Caritas Holy Family Hospital		2,815	\$35,300,120
4	Caritas Holy Family Hospital		2,785	\$33,441,165
	Totals		11,359	\$141,036,147

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TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr	Hospital Name	ORG ID #	Total Discharges	Total Charges
1	Caritas Norwood Hospital	41	3,121	\$39,417,378
2	Caritas Norwood Hospital		3,307	\$41,243,649
3	Caritas Norwood Hospital		3,447	\$41,804,887
4	Caritas Norwood Hospital		3,116	\$36,734,415
	Totals		12,991	\$159,200,329
1	Caritas St. Anne's Hospital	114	1,412	\$21,333,752
2	Caritas St. Anne's Hospital		1,551	\$21,612,259
3	Caritas St. Anne's Hospital		1,585	\$21,659,146
4	Caritas St. Anne's Hospital		1,420	\$20,253,371
	Totals		5,968	\$84,858,528
1	Caritas St. Elizabeth's Hospital	126	3,633	\$67,582,992
2	Caritas St. Elizabeth's Hospital		3,771	\$69,001,632
3	Caritas St. Elizabeth's Hospital		3,564	\$68,547,323
4	Caritas St. Elizabeth's Hospital		3,612	\$65,013,409
	Totals		14,580	\$270,145,356
1	Children's Hospital Boston	46	4,355	\$161,648,907
2	Children's Hospital Boston		4,339	\$164,874,127
3	Children's Hospital Boston		4,320	\$180,149,561
4	Children's Hospital Boston		4,316	\$168,563,118
	Totals		17,330	\$675,235,713
1	Clinton Hospital	132	323	\$5,085,081
2	Clinton Hospital		373	\$7,167,383
3	Clinton Hospital		376	\$7,456,156
4	Clinton Hospital		321	\$6,481,766
	Totals		1,393	\$26,190,386
1	Cooley Dickinson Hospital	50	2,210	\$31,140,803
2	Cooley Dickinson Hospital		2,289	\$33,513,217
3	Cooley Dickinson Hospital		2,327	\$32,672,722
4	Cooley Dickinson Hospital		2,093	\$30,827,039
	Totals		8,919	\$128,153,781
1	Dana-Farber Cancer Institute	51	260	\$19,059,551
2	Dana-Farber Cancer Institute		243	\$15,370,064
3	Dana-Farber Cancer Institute		223	\$14,433,211
4	Dana-Farber Cancer Institute		256	\$13,624,364
	Totals		982	\$62,487,190
1	Emerson Hospital	57	2,237	\$36,365,050
2	Emerson Hospital		2,309	\$35,344,789
3	Emerson Hospital		2,283	\$35,115,271
4	Emerson Hospital		2,262	\$34,478,523
	Totals		9,091	\$141,303,633
1	Fairview Hospital	8	344	\$3,168,597
2	Fairview Hospital		335	\$3,032,572
3	Fairview Hospital		330	\$2,868,123
4	Fairview Hospital		342	\$3,224,127
	Totals		1,351	\$12,293,419

General Documentation
FY2007 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2007

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	ORG ID #	Total Discharges	Total Charges
1	Falmouth Hospital	40	1,689	\$24,213,460
2	Falmouth Hospital		1,538	\$22,204,980
3	Falmouth Hospital		1,596	\$22,984,172
4	Falmouth Hospital		1,763	\$23,344,847
	Totals		6,586	\$92,747,459
1	Faulkner Hospital	59	2,098	\$43,802,425
2	Faulkner Hospital		2,068	\$43,733,057
3	Faulkner Hospital		2,003	\$42,665,812
4	Faulkner Hospital		2,000	\$39,733,941
	Totals		8,169	\$169,935,235
1	Hallmark Health – Lawrence Memorial	66	1,336	\$18,211,135
2	Hallmark Health – Lawrence Memorial		1,430	\$18,459,472
3	Hallmark Health – Lawrence Memorial		1,449	\$19,766,376
4	Hallmark Health – Lawrence Memorial		1,246	\$17,813,829
	Totals		5,461	\$74,250,812
1	Hallmark Health – Melrose-Wakefield	141	2,882	\$30,576,538
2	Hallmark Health – Melrose-Wakefield		2,831	\$32,286,894
3	Hallmark Health – Melrose-Wakefield		2,835	\$32,583,734
4	Hallmark Health – Melrose-Wakefield		2,793	\$31,877,993
	Totals		11,341	\$127,325,159
1	Harrington Memorial Hospital	68	863	\$9,426,429
2	Harrington Memorial Hospital		834	\$8,857,056
3	Harrington Memorial Hospital		757	\$7,779,324
4	Harrington Memorial Hospital		706	\$7,225,407
	Totals		3,160	\$33,288,216
1	Health Alliance Hospitals, Inc.	71	2,208	29,235,189
2	Health Alliance Hospitals, Inc.		2,248	29,361,324
3	Health Alliance Hospitals, Inc.		2,159	28,524,840
4	Health Alliance Hospitals, Inc.		2,119	25,033,491
	Totals		8,734	\$112,154,844
1	Heywood Hospital	73	1,244	\$12,989,127
2	Heywood Hospital		1,285	\$14,785,887
3	Heywood Hospital		1,217	\$13,863,874
4	Heywood Hospital		1,253	\$13,322,077
	Totals		4,999	\$54,970,965
1	Holyoke Medical Center	77	1,897	\$20,671,455
2	Holyoke Medical Center		2,024	\$22,740,977
3	Holyoke Medical Center		1,929	\$21,362,143
4	Holyoke Medical Center		1,850	\$19,272,385
	Totals		7,700	\$84,046,960
1	Hubbard Regional Hospital	78	316	\$2,350,658
2	Hubbard Regional Hospital		335	\$2,519,849
3	Hubbard Regional Hospital		286	\$2,154,357
4	Hubbard Regional Hospital		297	\$2,215,048
	Totals		1,234	\$9,239,912

General Documentation
FY2007 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2007

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	ORG ID #	Total Discharges	Total Charges
1	Jordan Hospital	79	2,870	\$30,546,469
2	Jordan Hospital		2,989	\$32,312,708
3	Jordan Hospital		3,023	\$31,976,612
4	Jordan Hospital		2,843	\$31,488,856
	Totals		11,725	\$126,324,645
1	Lahey Clinic Burlington	81	5,086	99,803,024
2	Lahey Clinic Burlington		5,189	107,666,575
3	Lahey Clinic Burlington		5,358	108,467,947
4	Lahey Clinic Burlington		5,166	103,396,317
	Totals		20,799	419,333,863
1	Lawrence General Hospital	83	3,262	\$34,692,120
2	Lawrence General Hospital		3,188	\$37,121,643
3	Lawrence General Hospital		3,053	\$35,876,832
4	Lawrence General Hospital		3,065	\$35,586,327
	Totals		12,568	\$143,276,922
1	Lowell General Hospital	85	3,056	\$34,885,431
2	Lowell General Hospital		3,291	\$38,261,422
3	Lowell General Hospital		3,134	\$34,787,109
4	Lowell General Hospital		3,061	\$34,717,818
	Totals		12,542	\$142,651,780
1	Martha's Vineyard Hospital	88	283	\$4,350,661
2	Martha's Vineyard Hospital		259	\$3,757,359
3	Martha's Vineyard Hospital		330	\$5,042,784
4	Martha's Vineyard Hospital		344	\$5,432,145
	Totals		1,216	\$18,582,949
1	Mass. Eye and Ear Infirmary	89	331	\$6,622,417
2	Mass. Eye and Ear Infirmary		241	\$4,155,892
3	Mass. Eye and Ear Infirmary		322	\$6,683,869
4	Mass. Eye and Ear Infirmary		311	\$6,713,914
	Totals		1,205	\$24,176,092
1	Massachusetts General Hospital	91	12,367	\$606,076,532
2	Massachusetts General Hospital		12,336	\$607,364,662
3	Massachusetts General Hospital		12,768	\$608,791,556
4	Massachusetts General Hospital		12,660	\$576,995,211
	Totals		50,131	\$2,399,227,961
1	Mercy Medical Center - Providence	118	932	\$12,874,091
2	Mercy Medical Center - Providence		955	\$14,249,162
3	Mercy Medical Center - Providence		981	\$14,026,091
4	Mercy Medical Center - Providence		936	\$13,846,755
	Totals		3,804	\$54,996,099
1	Mercy Medical Center - Springfield	119	3,209	\$55,830,352
2	Mercy Medical Center - Springfield		3,123	\$57,979,183
3	Mercy Medical Center - Springfield		3,226	\$58,514,827
4	Mercy Medical Center - Springfield		3,066	\$53,324,059
	Totals		12,624	\$225,648,421

General Documentation
FY2007 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2007

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	ORG ID #	Total Discharges	Total Charges
1	Merrimack Valley Hospital	70	1,088	\$16,100,096
2	Merrimack Valley Hospital		1,053	\$15,560,221
3	Merrimack Valley Hospital		1,073	\$17,539,517
4	Merrimack Valley Hospital		1,029	\$15,814,562
	Totals		4,243	\$65,014,396
1	MetroWest Medical Center.	49	3,939	57,442,267
2	MetroWest Medical Center.		4,208	62,591,693
3	MetroWest Medical Center.		4,105	58,736,039
4	MetroWest Medical Center.		3,596	48,587,751
	Totals		15,848	227,357,750
1	Milford Regional Medical Center	97	2,294	\$33,920,637
2	Milford Regional Medical Center		2,420	\$37,020,565
3	Milford Regional Medical Center		2,288	\$35,592,480
4	Milford Regional Medical Center		2,355	\$33,911,919
	Totals		9,357	\$140,445,601
1	Milton Hospital	98	1,067	\$16,123,069
2	Milton Hospital		1,192	\$17,420,731
3	Milton Hospital		1,180	\$18,528,086
4	Milton Hospital		1,111	\$16,870,733
	Totals		4,550	\$68,942,619
1	Morton Hospital	99	1,970	\$19,211,825
2	Morton Hospital		2,077	\$21,468,140
3	Morton Hospital		1,959	\$19,696,076
4	Morton Hospital		1,965	\$18,847,436
	Totals		7,971	\$79,223,477
1	Mount Auburn Hospital	100	3,535	\$46,644,357
2	Mount Auburn Hospital		3,743	\$48,376,506
3	Mount Auburn Hospital		3,644	\$47,104,741
4	Mount Auburn Hospital		3,542	\$44,020,898
	Totals		14,464	\$186,146,502
1	Nantucket Cottage Hospital	101	143	\$1,163,600
2	Nantucket Cottage Hospital		140	\$1,338,827
3	Nantucket Cottage Hospital		191	\$1,072,779
4	Nantucket Cottage Hospital		186	\$1,481,698
	Totals		660	\$5,056,904
1	Nashoba Valley Hospital	52	586	\$8,218,955
2	Nashoba Valley Hospital		629	\$9,418,409
3	Nashoba Valley Hospital		543	\$7,691,747
4	Nashoba Valley Hospital		513	\$6,767,559
	Totals		2,271	\$32,096,670
1	New England Baptist Hospital	103	1,790	\$39,565,371
2	New England Baptist Hospital		1,804	\$40,567,396
3	New England Baptist Hospital		1,841	\$41,141,557
4	New England Baptist Hospital		1,703	\$37,876,030
	Totals		7,138	\$159,150,354

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FY2007 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2007

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	ORG ID #	Total Discharges	Total Charges
1	Newton-Wellesley Hospital	105	4,214	\$63,265,078
2	Newton-Wellesley Hospital		4,412	\$66,556,021
3	Newton-Wellesley Hospital		4,615	\$70,869,677
4	Newton-Wellesley Hospital		4,472	\$66,222,458
	Totals		17,713	\$266,913,234
1	Noble Hospital	106	824	\$12,603,050
2	Noble Hospital		879	\$14,034,555
3	Noble Hospital		865	\$12,658,113
4	Noble Hospital		846	\$12,212,267
	Totals		3,414	\$51,507,985
1	North Adams Regional Hospital	107	909	\$12,458,893
2	North Adams Regional Hospital		911	\$12,688,571
3	North Adams Regional Hospital		892	\$11,473,922
4	North Adams Regional Hospital		909	\$12,124,070
	Totals		3,621	\$48,745,456
1	North Shore Medical Center	116	5,510	77,253,921
2	North Shore Medical Center		5,853	83,166,497
3	North Shore Medical Center		5,784	88,354,594
4	North Shore Medical Center		5,475	83,876,615
	Totals		22,622	332,651,627
1	Northeast Health – Addison Gilbert	109	630	\$6,591,265
2	Northeast Health – Addison Gilbert		675	\$7,548,594
3	Northeast Health – Addison Gilbert		654	\$7,232,113
4	Northeast Health – Addison Gilbert		648	\$7,027,984
	Totals		2,607	\$28,399,956
1	Northeast Health – Beverly	110	4,428	\$46,727,952
2	Northeast Health – Beverly		4,493	\$46,376,256
3	Northeast Health – Beverly		4,431	\$46,741,923
4	Northeast Health – Beverly		4,359	\$48,208,867
	Totals		17,711	\$188,054,998
1	Quincy Medical Center	112	1,909	\$25,940,561
2	Quincy Medical Center		1,981	\$27,500,961
3	Quincy Medical Center		1,742	\$24,909,340
4	Quincy Medical Center		1,668	\$23,723,646
	Totals		7,300	\$102,074,508
1	Saint Vincent Hospital at Worcester	127	4,476	\$79,790,130
2	Saint Vincent Hospital at Worcester		4,615	\$83,255,651
3	Saint Vincent Hospital at Worcester		4,606	\$85,850,460
4	Saint Vincent Hospital at Worcester		4,348	\$78,104,930
	Totals		18,045	\$327,001,171
1	Saints Memorial Medical Center	115	2,038	\$24,038,925
2	Saints Memorial Medical Center		1,994	\$24,638,313
3	Saints Memorial Medical Center		2,013	\$24,874,121
4	Saints Memorial Medical Center		2,067	\$24,054,105
	Totals		8,112	\$97,605,464

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FY2007 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2007

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	ORG ID #	Total Discharges	Total Charges
1	South Shore Hospital	122	5,671	\$67,876,600
2	South Shore Hospital		5,993	\$72,313,907
3	South Shore Hospital		5,835	\$70,536,060
4	South Shore Hospital		5,830	\$69,550,969
	Totals		23,329	\$280,277,536
1	Southcoast Hospitals Group - Charlton	123	4,345	\$75,711,527
2	Southcoast Hospitals Group - Charlton		4,336	\$79,691,374
3	Southcoast Hospitals Group - Charlton		4,249	\$76,901,622
4	Southcoast Hospitals Group - Charlton		4,134	\$68,305,125
	Totals		17,064	\$300,609,648
1	Southcoast Hospitals Group – St. Luke’s	124	4,431	\$59,096,082
2	Southcoast Hospitals Group – St. Luke’s		4,813	\$68,137,963
3	Southcoast Hospitals Group – St. Luke’s		4,553	\$62,949,108
4	Southcoast Hospitals Group – St. Luke’s		4,502	\$59,575,989
	Totals		18,299	\$249,759,142
1	Southcoast Hospitals Group – Tobey	145	1,097	\$13,479,749
2	Southcoast Hospitals Group – Tobey		970	\$13,147,900
3	Southcoast Hospitals Group – Tobey		1,039	\$12,904,881
4	Southcoast Hospitals Group – Tobey		972	\$11,323,966
	Totals		4,078	\$50,856,496
1	Sturdy Memorial Hospital	129	1,704	\$18,397,278
2	Sturdy Memorial Hospital		1,726	\$19,099,447
3	Sturdy Memorial Hospital		1,680	\$18,901,534
4	Sturdy Memorial Hospital		1,703	\$18,837,825
	Totals		6,813	\$75,236,084
1	Tufts Medical Center	104	4,360	\$138,125,650
2	Tufts Medical Center		4,239	\$145,067,709
3	Tufts Medical Center		4,336	\$191,393,508
4	Tufts Medical Center		4,388	\$167,938,121
	Totals		17,323	\$642,524,988
1	UMass. Marlborough Hospital	133	924	\$15,056,434
2	UMass. Marlborough Hospital		909	\$14,167,212
3	UMass. Marlborough Hospital		1,003	\$16,176,684
4	UMass. Marlborough Hospital		892	\$14,025,205
	Totals		3,728	\$59,425,535
1	UMass. Memorial Medical Center	131	10,684	317,980,905
2	UMass. Memorial Medical Center		10,830	332,461,139
3	UMass. Memorial Medical Center		11,328	338,372,235
4	UMass. Memorial Medical Center		10,910	338,947,427
	Totals		43,752	1,327,761,706
1	UMass. Wing Memorial Hospital	139	718	\$6,569,419
2	UMass. Wing Memorial Hospital		695	\$9,618,282
3	UMass. Wing Memorial Hospital		655	\$9,103,081
4	UMass. Wing Memorial Hospital		677	\$9,069,118
	Totals		2,745	\$34,359,900

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FY2007 Inpatient Hospital Discharge Database

PART E. HOSPITALS SUBMITTING DATA FOR FY2007

TOTAL HOSPITAL DISCHARGES & CHARGES BY QUARTER

Qtr.	Hospital Name	ORG ID #	Total Discharges	Total Charges
1	Winchester Hospital	138	3,259	\$23,963,371
2	Winchester Hospital		3,513	\$25,671,655
3	Winchester Hospital		3,614	\$26,372,510
4	Winchester Hospital		3,471	\$25,703,780
	Totals		13,857	\$101,711,316
	TOTALS		849,290	\$17,377,587,963
			Total Discharges	Total Charges

PART F. SUPPLEMENTARY INFORMATION

Supplement I

Type A Errors and Type B Errors

Supplement II

Content of Hospital Verification Report Package

Supplement III

Hospital Addresses, DPH ID, ORG ID & Service Site ID
Numbers

Supplement IV

Mergers, Name Changes, Closures, Conversions & Non-
Acute Care Hospitals

Supplement V

Alphabetical Source of Payment List

Supplement VI

Numerical Source of Payment List

SUPPLEMENT I. LIST OF TYPE ‘A’ AND TYPE ‘B’ ERRORS

TYPE ‘A’ ERRORS:

Record Type
Submitter Name
Receiver ID
DPH Hospital Computer Number
Type of Batch
Period Starting Date
Period Ending Date
Medical Record Number
Patient Sex
Patient Birth Date
Admission Date
Discharge Date
Primary Source of Payment
Patient Status
Billing Number
Primary Payer Type
Secondary Payer Type
Mother’s Medical Record Number
Primary National Payer Identification Number
Secondary National Payer Identification Number
Revenue Code
Units of Service
Total Charges (by Revenue Code)
Principal Diagnosis Code
Associate Diagnosis Code (I – XIV)
Number of ANDS
Principal Procedure Code
Significant Procedure Code I
Significant Procedure Code II
Significant Procedure Code III-XIV
Physical Record Count
Record Type 2X Count
Record Type 3X Count
Record Type 4X Count
Record Type 5X Count
Record Type 6X Count

SUPPLEMENT I. LIST OF TYPE 'A' AND TYPE 'B' ERRORS

TYPE 'A' ERRORS – Continued:

Total Charges: Special Services
Total Charges: Routine Services
Total Charges: Ancillaries
Total Charges: (ALL CHARGES)
Number of Discharges
Total Charges: Accommodations
Total Charges: Ancillaries
Submitter Employer Identification Number (EIN)
Number of Providers on Electronic submission
Count of Batches
ED Flag
Observation Flag
HCF Org ID
MA Transfer Hospital Org ID
Hospital Service Site Reference

TYPE 'B' ERRORS:

Patient Race
Type of Admission
Source of Admission
Patient Zip Code
Veteran Status
Patient Social Security Number
Birth Weight – grams
Employer Zip Code
Mother's Social Security Number
Facility Site Number
External Cause of Injury Code
Attending Physician License Number
Operating Physician License Number
Other Caregiver
Attending Physician National Provider Identifier (NPI)
ATT NPI Location Code
Operating Physician National Provider Identifier (NPI)
Operating NPI Location Code
Additional Caregiver National Provider Identifier
Date of Principal Procedure
Date of Significant Procedures (I & II)
Race 1, 2 & Other Race
Hispanic Indicator
Ethnicity 1, 2 & Other Ethnicity

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FY2007 Inpatient Hospital Discharge Database

TYPE 'B' ERRORS: *Continued*

Condition Present on Admission Primary Diagnosis, Associate Diagnoses I –
XIV, & Primary E-Code
Significant Procedure Date
Operating Physician for Significant Procedure
Permanent Patient Street Address, City/Town, State, Zip Code
Patient Country
Temporary Patient Street Address, City/Town, State, Zip Code

General Documentation
FY2007 Inpatient Hospital Discharge Database

SUPPLEMENT II. CONTENT OF HOSPITAL VERIFICATION PACKAGE

The **Hospital Verification Report*** includes the following frequency distribution tables:

Source of Admissions
Type of Admissions
Discharges by Month
Primary Payer Type
Patient Disposition
Discharges by Gender
Discharges by Race
Discharges by Race/Ethnicity
Discharges by Ethnicity
Discharges by Patient Hispanic Indicator
Discharges by Age
MDC's Listed in Rank Order (APR 20)
Top 20 DRGs with Most Total Discharges (APR 20)
Length of Stay
Ancillary Services by Discharges
Routine Accommodation Services by Discharges
Special Care Accommodation by Discharges
Ancillary Services by Charges
Routine Accommodation by Charges
Special Care Accommodation Services by Charges
Condition Present on Admission

Verification Response Forms: Completed by hospitals after data verification and returned to the DHCFP.

*NOTE: Hospital discharges were grouped with All Patient-DRG Groupers, Version 12.0, 14.0, 18.0, and 21.0. A discharge report showing counts by DRG for both groupers was supplied to hospitals for verification.

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FY2007 Inpatient Hospital Discharge Database

**SUPPLEMENT III. HOSPITAL ADDRESSES, DPH ID, ORG ID
& SERVICE SITE ID NUMBERS**

Current Organization Name	Hospital Address	IdOrg Hosp	IdOrg Filer	DPH ID	Site Number*
Anna Jaques Hospital	25 Highland Ave. Newburyport, MA 01950	1	1	2006	
Athol Memorial Hospital	2033 Main Street Athol, MA 01331	2	2	2226	
Baystate Franklin Medical Center	164 High Street Greenfield, MA 01301	5	5	2120	
Baystate Mary Lane	85 South Street Ware, MA 01082	6	6	2148	
Baystate Medical Center	3601 Main Street Springfield, MA 01107-1116	4	4	2339	
Berkshire Medical Center – Berkshire Campus	725 North Street Pittsfield, MA 01201	6309	7	2313	
Berkshire Medical Center – Hillcrest Campus	165 Tor Court Rd. Pittsfield, MA 01201	6309	7	2231	9
Beth Israel Deaconess Hospital – Needham	148 Chestnut Street Needham, MA 02192	53	53	2054	
Beth Israel Deaconess Medical Center	330 Brookline Avenue Boston, MA 02215	8702	10	2069	
Boston Medical Center – Harrison Avenue Campus	88 East Newton Street Boston, MA 02118	3107	16	2307	
Boston Medical Center – East Newton Campus		3107	16	2084	144
Brigham and Women’s Hospital	75 Francis Street Boston, MA 02115	22	22	2921	
Brockton Hospital	680 Centre Street Brockton, MA 02402	25	25	2118	
Cambridge Health Alliance – Cambridge Campus	65 Beacon Street Somerville, MA 02143	3108	27	2108	
Cambridge Health Alliance – Somerville Campus		3108	27	2001	143

* For data users trying to identify specific care sites, use site number. However, if site number is blank, use IdOrgFiler.

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Current Organization Name	Hospital Address	IdOrg Hosp	IdOrg Filer	DPH ID	Site Number*
Cambridge Health Alliance – Whidden Memorial Campus		3108	27	2046	142
Cape Cod Hospital	27 Park Street Hyannis, MA 02601	39	39	2135	
Caritas Carney Hospital	2100 Dorchester Avenue Dorchester, MA 02124	42	42	2003	
Caritas Good Samaritan Medical Center	235 North Pearl Street Brockton, MA 02301	8701	62	2101	
Caritas Good Samaritan Med. Ctr. – Norcap Lodge Campus	71 Walnut Avenue Foxboro, MA 02035	8701	4460	2KGH	
Caritas Holy Family Hospital and Medical Center	70 East Street Methuen, MA 01844	75	75	2225	
Caritas Norwood Hospital	800 Washington Street Norwood, MA 02062	41	41	2114	
Caritas St. Elizabeth's Hospital	736 Cambridge Street Brighton, MA 02135	126	126	2085	
Children's Hospital Boston	300 Longwood Avenue Boston, MA 02115	46	46	2139	
Clinton Hospital	201 Highland Street Clinton, MA 01510	132	132	2126	
Cooley Dickinson Hospital	30 Locust Street Northampton, MA 01060-5001	50	50	2155	
Dana-Farber Cancer Institute	44 Binney Street Boston, MA 02115	51	51	2335	
Emerson Hospital	Route 2 Concord, MA 01742	57	57	2018	

* For data users trying to identify specific care sites, use site number. However, if site number is blank, use IdOrgFiler.

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FY2007 Inpatient Hospital Discharge Database

Current Organization Name	Hospital Address	IdOrg Hosp	IdOrg Filer	DPH ID	Site Number*
Fairview Hospital	29 Lewis Avenue Great Barrington, MA 01230	8	8	2052	
Falmouth Hospital	100 Ter Heun Drive Falmouth, MA 02540	40	40	2289	
Faulkner Hospital	1153 Centre Street Jamaica Plain, MA 02130	59	59	2048	
Hallmark Health System – Lawrence Memorial Campus	170 Governors Avenue Medford, MA 02155	3111	66	2038	
Hallmark Health System – Melrose-Wakefield Campus	585 Lebanon Street Melrose, MA 02176	3111	141	2058	
Harrington Memorial Hospital	100 South Street Southbridge, MA 01550	68	68	2143	
Health Alliance Hospitals, Inc.	60 Hospital Road Leominster, MA 01453-8004	71	71	2034	
Health Alliance Hospital – Burbank Campus		71	71	2034	8548
Health Alliance Hospital – Leominster Campus		71	71	2127	8509
Heywood Hospital	242 Green Street Gardner, MA 01440	73	73	2036	
Holyoke Medical Center	575 Beech Street Holyoke, MA 01040	77	77	2145	
Hubbard Regional Hospital	340 Thompson Road Webster, MA 01570	78	78	2157	
Jordan Hospital	275 Sandwich Street Plymouth, MA 02360	79	79	2082	
Kindred Hospital - Boston	1515 Comm. Ave. Boston, MA 02135	136	136	2091	
Kindred Hospital Boston – North Shore	15 King Street Peabody, MA 01960	135	135	2171	

* For data users trying to identify specific care sites, use site number. However, if site number is blank, use IdOrgFiler.

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Current Organization Name	Hospital Address	IdOrg Hosp	IdOrg Filer	DPH ID	Site Number*
Lahey Clinic – Burlington Campus	41 Mall Road Burlington, MA 01805	6546	81	2033	
Lahey Clinic North Shore		6546	81	2033	4448
Lawrence General Hospital	One General Street Lawrence, MA 01842-0389	83	83	2099	
Lowell General Hospital	295 Varnum Avenue Lowell, MA 01854	85	85	2040	
Marlborough Hospital	57 Union Street Marlborough, MA 01752-9981	133	133	2103	
Martha’s Vineyard Hospital	Linton Lane Oak Bluffs, MA 02557	88	88	2042	
Massachusetts Eye & Ear Infirmary	243 Charles Street Boston, MA 02114-3096	89	89	2167	
Massachusetts General Hospital	55 Fruit Street Boston, MA 02114	91	91	2168	
Mercy Medical Center - Providence Behavioral Health Hospital	1233 Main Street Holyoke, MA 01040	6547	118	2150	
Mercy Medical Center–Springfield Campus	271 Carew Street Springfield, MA 01102	6547	119	2149	
Merrimack Valley Hospital	140 Lincoln Avenue Haverhill, MA 01830-6798	70	70	2131	
MetroWest Medical Center – Framingham Campus	115 Lincoln Street Framingham, MA 01701	3110	49	2020	
MetroWest Medical Center – Leonard Morse Campus	67 Union Street Natick, MA 01760	3110	457	2039	457
Milford Regional Medical Center	14 Prospect Street Milford, MA 01757	97	97	2105	
Milton Hospital	199 Reedsdale Rd. Milton, MA 02186	98	98	2227	
Morton Hospital and Medical Center	88 Washington Street Taunton, MA 02780	99	99	2022	

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Current Organization Name	Hospital Address	IdOrg Hosp	IdOrg Filer	DPH ID	Site Number*
Mount Auburn Hospital	330 Mt. Auburn St. Cambridge, MA 02238	100	100	2071	
Nantucket Cottage Hospital	57 Prospect Street Nantucket, MA 02554	101	101	2044	
Nashoba Valley Medical Center	200 Groton Road Ayer, MA 01432	52	52	2298	
New England Baptist Hospital	125 Parker Hill Avenue Boston, MA 02120	103	103	2059	
Newton-Wellesley Hospital	2014 Washington Street Newton, MA 02162	105	105	2075	
Noble Hospital	115 West Silver Street Westfield, MA 01086	106	106	2076	
North Adams Regional Hospital	Hospital Avenue North Adams, MA 01247	107	107	2061	
North Shore Medical Center – Salem Campus	81 Highland Ave. Salem, MA 01970	345	116	2014	
North Shore Medical Center – Union Campus	500 Lynnfield Street Lynn, MA 01904- 1424	345	116 Formerly #3	2073	3
Northeast Health System–Addison Gilbert Campus	298 Washington Street Gloucester, MA 01930	3112	109	2016	
Northeast Health System – Beverly Campus	85 Herrick Street Beverly, MA 01915	3112	110	2007	
Quincy Medical Center	114 Whitwell Street Quincy, MA 02169	112	112	2151	
Saint Anne's Hospital	795 Middle Street Fall River, MA 02721	114	114	2011	
Saint Vincent Hospital at Worcester Medical Center	20 Worcester Ctr. Blvd. Worcester, MA 01608	127	127	2128	

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Current Organization Name	Hospital Address	IdOrg Hosp	IdOrg Filer	DPH ID	Site Number*
Saints Memorial Medical Center	One Hospital Drive Lowell, MA 01852	115	115	2063	
South Shore Hospital	55 Fogg Road South Weymouth, MA 02190	122	122	2107	
Southcoast Hospitals Group – Charlton Memorial Campus	363 Highland Avenue Fall River, MA 02720	3113	123	2337	
Southcoast Hospitals Group - St. Luke's Campus	101 Page Street New Bedford, MA 02740	3113	124	2010	
Southcoast Hospitals Group – Tobey Hospital Campus	43 High Street Wareham, MA 02571	3113	145	2106	
Sturdy Memorial Hospital	211 Park Street Attleboro, MA 02703	129	129	2100	
Tufts Medical Center	750 Washington Street Boston, MA 02111	104	104	2299	
U.Mass. Memorial Medical Center – Memorial Campus	120 Front Street Worcester, MA 01608	3115	131	2841 Formerly #2124	130
UMass. Memorial Medical Center – University Campus		3115	131	2841	
Winchester Hospital	41 Highland Avenue Winchester, MA 01890	138	138	2094	
Wing Memorial Hospital and Medical Centers	40 Wright Street Palmer, MA 01069-1187	139	139	2181	

* For data users trying to identify specific care sites, use site number. However, if site number is blank, use IdOrgFiler.

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**SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES,
CONVERSIONS, AND NON-ACUTE CARE HOSPITALS**

MERGERS – ALPHABETICAL LIST

Name of New Entity	Names of Original Entities	DATE
Berkshire Health System	-Berkshire Medical Center -Hillcrest Hospital -Fairview Hospital	July 1996
Beth Israel Deaconess Medical Center	-Beth Israel Hospital -N.E. Deaconess Hospital	October 1996
Boston Medical Center	-Boston University Med. Ctr. -Boston City Hospital -Boston Specialty/Rehab	July 1996
Cambridge Health Alliance NOTE: As of July 2001, Cambridge Health Alliance included Cambridge, Somerville, Whidden, & Malden's 42 Psych beds. Malden now closed. Cambridge & Somerville submitted data separately in the past. This year they are submitting under one name. In future years, they may use the Facility Site Number to identify each individual facility's discharges.	-Cambridge Hospital -Somerville Hospital	July 1996
Good Samaritan Medical Center	-Cardinal Cushing Hospital -Goddard Memorial	October 1993
Hallmark Health Systems NOTE: As of July 2001 includes only Lawrence Memorial & Melrose-Wakefield	-Lawrence Memorial -Hospital Malden Hospital -Unicare Health Systems (Note: Unicare was formed in July 1996 as a result of the merger of Melrose-Wakefield and Whidden Memorial Hospital)	October 1997
Health Alliance Hospitals, Inc.	-Burbank Hospital -Leominster Hospital	November 1994
Lahey Clinic	-Lahey -Hitchcock (NH)	January 1995
Medical Center of Central Massachusetts	-Holden District Hospital -Worcester Hahnemann -Worcester Memorial	October 1989
MetroWest Medical Center	-Leonard Morse Hospital -Framingham Union	January 1992

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MERGERS – ALPHABETICAL LIST

Name of New Entity	Names of Original Entities	Date
Northeast Health Systems	-Beverly Hospital -Addison Gilbert Hospital	October 1996
North Shore Medical Center	-North Shore Medical Center (dba Salem Hospital) and -Union Hospital <u>NOTES:</u> 1. Salem Hospital merged with North Shore Children's Hospital in April 1988 2. Lynn Hospital merged with Union Hospital in 1986 to form Atlanticare	March 2004
Saints Memorial Medical Center	-St. John's Hospital -St. Joseph's Hospital	October 1992
Sisters of Providence Health System	-Mercy Medical Center -Providence Hospital	June 1997
Southcoast Health Systems	-Charlton Memorial Hospital -St. Luke's Hospital -Tobey Hospital	June 1996
UMass. Memorial Medical Center	-UMMC -Memorial -Memorial-Hahnemann	April 1999

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MERGERS – CHRONOLOGICAL LIST

Date	Entity Names
1986	Atlanticare (Lynn & Union)
April 1988	Salem (North Shore Children's and Salem)
October 1989	Medical Center Central Mass (Holden, Worcester, Hahnemann and Worcester Memorial)
January 1992	MetroWest (Framingham Union and Leonard Morse)
October 1992	Saints Memorial (St. John's and St. Joseph's)
October 1993	Good Samaritan (Cardinal Cushing and Goddard Memorial)
November 1994	Health Alliance (Leominster and Burbank)
January 1995	Lahey Hitchcock (Lahey & Hitchcock (NH))
June 1996	Southcoast Health System (Charlton, St. Luke's and Tobey)
July 1996	Berkshire Medical Center (Berkshire Medical Center and Hillcrest)
July 1996	Cambridge Health Alliance (Cambridge and Somerville)
July 1996	Boston Medical Center (University and Boston City)
July 1996	UniCare Health Systems (Melrose-Wakefield and Whidden)
October 1996	Northeast Health Systems (Beverly and Addison-Gilbert)
October 1996	Beth Israel Deaconess Medical Center (Deaconess and Beth Israel)
June 1997	Mercy (Mercy and Providence)
October 1997	Hallmark Health System, Inc. (Lawrence Memorial, Malden, UniCare [formerly Melrose-Wakefield and Whidden])
April 1998	UMass. Memorial Medical Center (UMMC, Memorial and Memorial-Hahnemann)
July 2001	Cambridge Health Alliance (Cambridge, Somerville, Whidden and Malden's 42 Psych beds)
July 2001	Hallmark Health now only Melrose Wakefield and Lawrence Memorial
June 2002	CareGroup sold Deaconess-Waltham to a private developer who leased the facility back to Waltham Hosp. (new name)
July 2002	Deaconess-Glover now under a new parent: Beth Israel Deaconess (was under CareGroup parent)
March 2004	North Shore Medical Center (dba Salem) and Union merge (still North Shore Medical Center)

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**SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES,
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NAME CHANGES

Name of New Entity	Original Entities	Date
Baystate Mary Lane	Mary Lane Hospital	
Beth Israel Deaconess Medical Center	-Beth Israel Hospital -New England Deaconess Hospital	
Beth Israel Deaconess Needham	-Glover Memorial -Deaconess-Glover Hospital	July 2002
Boston Medical Center – Harrison Avenue Campus	Boston City Hospital University Hospital	
Boston Regional Medical Center	New England Memorial Hospital	Now Closed.
Cambridge Health Alliance – (now includes Cambridge, Somerville & Whidden)	Cambridge Hospital Somerville Hospital	
Cambridge Health Alliance – Malden & Whidden	Hallmark Health Systems – Malden & Whidden	Malden now closed.
Cape Cod Health Care Systems	Cape Cod Hospital Falmouth Hospital	
Caritas Good Samaritan Medical Center	Cardinal Cushing Hospital Goddard Memorial Hospital	
Caritas Norwood, Caritas Southwood, Caritas Good Samaritan Medical Center	Norwood Hospital Southwood Hospital Good Samaritan Med. Ctr.	
Caritas St. Elizabeth's Medical Center	St. Elizabeth's Medical Center	
Children's Hospital Boston	Children's Hospital	February 2004
Hallmark Health Lawrence Memorial Hospital & Hallmark Health Melrose-Wakefield Hospital	Lawrence Memorial Hospital Melrose-Wakefield Hospital	
Holy Family Hospital	Bon Secours Hospital	
Kindred Hospitals – Boston & North Shore	Vencor Hospitals – Boston & North Shore	
Lahey Clinic Hospital	Lahey Hitchcock Clinic	
MetroWest Medical Center – Framingham Union Hospital & Leonard Morse Hospital	Framingham Union Hospital Leonard Morse Hospital / Columbia MetroWest Medical Center	
Merrimack Valley Hospital	Haverhill Municipal (Hale) Hospital	Essent Health Care purchased this facility in September 2001

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**SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES,
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NAME CHANGES

Name of New Entity	Original Entities	Date
Milford Regional Medical Center	Milford-Whitinsville Hospital	
Nashoba Valley Hospital	Nashoba Community Hospital Deaconess-Nashoba Nashoba Valley Medical Center	January 2003
Northeast Health Systems	Beverly Hospital Addison Gilbert Hospital	
North Shore Medical Center - Salem	Salem Hospital North Shore Children's Hospital	
North Shore Medical Center - Union	Union Hospital	
Quincy Hospital	Quincy City Hospital	
Southcoast Health Systems	Charlton Memorial Hospital St. Luke's Hospital Tobey Hospital	
Tufts Medical Center	Tufts New England Medical Center, New England Medical Center	January 2008
UMass. Memorial – Clinton Hospital	Clinton Hospital	
UMass. Memorial – Health Alliance Hospital	Health Alliance Hospitals, Inc.	
UMass. Memorial – Marlborough Hospital	Marlborough Hospital	
UMass. Memorial – Wing Memorial Hospital	Wing Memorial Hospital	
Waltham Hospital	Waltham-Weston Hospital Deaconess Waltham Hospital	June 2002. Now closed.

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CLOSURES

Date	Hospital Name	Comments
June 1989	Sancta Maria	
September 1990	Mass. Osteopathic	
June 1990	Hunt	Outpatient only now.
July 1990	St. Luke's Middleborough	
September 1991	Worcester City	
May 1993	Amesbury	
July 1993	Saint Margaret's	
June 1994	Heritage	
June 1994	Winthrop	
October 1994	St. Joseph's	
December 1994	Ludlow	
October 1996	Providence	
November 1996	Goddard	
1996	Lynn	
January 1997	Dana Farber	Inpatient acute beds now at Brigham & Women's
March 1997	Burbank	
February 1999	Boston Regional	
April 1999	Malden	
August 1999	Symmes	
July 2003	Waltham	

NOTE: Subsequent to closure, some hospitals may have reopened for used other than an acute hospital (e.g., health care center, rehabilitation hospital, etc.)

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**SUPPLEMENT IV. MERGERS, NAME CHANGES, CLOSURES,
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CONVERSIONS & NON-ACUTE CARE HOSPITALS

HOSPITAL	COMMENTS
Fairlawn Hospital	Converted to non-acute care hospital
Heritage Hospital	Converted to non-acute care hospital
Vencor – Kindred Hospital Boston	Non-acute care hospital
Vencor – Kindred Hospital North Shore	Non-acute care hospital

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
137	AARP/Medigap supplement **	7	COM
71	ADMAR	E	PPO
51	Aetna Life Insurance	7	COM
161	Aetna Managed Choice POS	D	COM-MC
22	Aetna Open Choice PPO	D	COM-MC
272	Auto Insurance	T	AI
138	Banker's Life and Casualty Insurance **	7	COM
139	Banker's Multiple Line **	7	COM
2	Bay State – a product of HMO Blue	C	BCBS-MC
136	BCBS Medex **	6	BCBS
11	Blue Care Elect	C	BCBS-MC
46	Blue CHiP (BCBS Rhode Island)	8	HMO
160	Blue Choice (incl. Healthflex Blue) - POS	C	BCBS-MC
142	Blue Cross Indemnity	6	BCBS
50	Blue Health Plan for Kids	6	BCBS
52	Boston Mutual Insurance	7	COM
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
151	CHAMPUS	5	GOV
204	Christian Brothers Employee	7	COM
30	CIGNA (Indemnity)	7	COM
250	CIGNA HMO	D	COM-MC
171	CIGNA POS	D	COM-MC
87	CIGNA PPO	D	COM-MC
140	Combined Insurance Company of America**	7	COM
300	CommCare: BMC HealthNet Plan/Commonwealth Care – General Classification (For use only when no specific level for this plan can be identified)	Q	CommCare
301	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type I	Q	CommCare
302	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type II	Q	CommCare
303	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type III	Q	CommCare
304	CommCare: BMC HealthNet Plan/Commonwealth Care–Plan Type IV	Q	CommCare

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
400	CommCare: Cambridge Network Health Forward – General Classification (For use only when no specific level for this plan can be identified)	Q	CommCare
401	CommCare: Cambridge Network Health Forward – Plan Type I	Q	CommCare
402	CommCare: Cambridge Network Health Forward – Plan Type II	Q	CommCare
403	CommCare: Cambridge Network Health Forward – Plan Type III	Q	CommCare
404	CommCare: Cambridge Network Health Forward – Plan Type IV	Q	CommCare
500	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – General Classification (For use only when no specific level for this plan can be identified)	Q	CommCare
501	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 1 (Group No. 4445077)	Q	CommCare
502	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 2 (Group No. 4455220)	Q	CommCare
503	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 3 (Group No. 4455221)	Q	CommCare
504	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 4 (Group No. 4455222)	Q	CommCare
600	CommCare: Neighborhood Health Plan– General Classification (For use only when no specific level for this plan can be identified)	Q	CommCare
601	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type I (9CC1)	Q	CommCare
602	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type II (9CC2)	Q	CommCare

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
603	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type III (9CC3)	Q	CommCare
604	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type IV (9CC4)	Q	CommCare
21	Commonwealth PPO	C	BCBS-MC
44	Community Health Plan	8	HMO
13	Community Health Plan Options (New York)	J	POS
42	ConnectiCare of Massachusetts	8	HMO
54	Continental Assurance Insurance	7	COM
69	Corporate Health Insurance Liberty Plan	7	COM
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass.)	8	HMO
167	Fallon POS	J	POS
67	First Allmerica Financial Life Insurance	7	COM
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
152	Foundation	0	OTH
143	Free Care	9	FC
990	Free Care – co-pay, deductible, or co- insurance (when billing for free care services use #143)	9	FC
88	Freedom Care	E	PPO
153	Grant	0	OTH
162	Great West Life POS	D	COM-MC
28	Great West Life PPO	D	COM-MC
89	Great West/NE Care	7	COM
55	Guardian Life Insurance	7	COM
23	Guardian Life Insurance Company PPO	D	COM-MC
56	Hartford L&A Insurance	7	COM
200	Hartford Life Insurance Co **	7	COM
1	Harvard Community Health Plan	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
208	HealthNet (Boston Medical Center MCD Program)	B	MCD-MC
14	Health new England Advantage POS	J	POS

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
38	Health New England Select (self-funded)	8	HMO
24	Health New England, Inc.	8	HMO
45	Health Source New Hampshire	8	HMO
98	Healthy Start	9	FC
251	Healthsource CMHC HMO	8	HMO
164	Healthsource CMHC Plus POS	J	POS
49	Healthsource CMHC Plus PPO	E	PPO
72	Healthsource New Hampshire	7	COM
165	Healthsource New Hampshire POS (Self-funded)	J	POS
90	Healthsource Preferred (self-funded)	E	PPO
271	Hillcrest HMO	8	HMO
81	HMO Blue	C	BCBS-MC
130	Invalid (replaced by #232 and 233)		
12	Invalid (replaced by #49)		
53	Invalid (no replacement)		
117	Invalid (no replacement)		
123	Invalid (no replacement)		
92	Invalid (replaced by # 84, 166, 184)		
105	Invalid (replaced by #111)		
32	Invalid (replaced by #157 and 158)		
41	Invalid (replaced by #157)		
15	Invalid (replaced by #158)		
29	Invalid (replaced by #171 and 250)		
16	Invalid (replaced by #172)		
124	Invalid (replaced by #222)		
126	Invalid (replaced by #230)		
122	Invalid (replaced by #234)		
6	Invalid (replaced by #251)		
76	Invalid (replaced by #270)		
26	Invalid (replaced by #75)		
5	Invalid (replaced by #9)		
61	Invalid (replaced by #96)		
68	Invalid (replaced by #96)		
60	Invalid (replaced by #97)		
57	John Hancock Life Insurance	7	COM
82	John Hancock Preferred	D	COM-MC
169	Kaiser Added Choice	J	POS
40	Kaiser Foundation	8	HMO
58	Liberty Life Insurance	7	COM
85	Liberty Mutual	7	COM

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
59	Lincoln National Insurance	7	COM
19	Matthew Thornton	8	HMO
103	Medicaid (includes MassHealth)	4	MCD
107	Medicaid Managed Care – Community Health Plan	B	MCD-MC
108	Medicaid Managed Care – Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care – Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care – Health New England	B	MCD-MC
111	Medicaid Managed Care – HMO Blue	B	MCD-MC
112	Medicaid Managed Care – Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care – Neighborhood Health Plan	B	MCD-MC
115	Medicaid Managed Care – Pilgrim Health Care	B	MCD-MC
114	Medicaid Managed Care – United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
106	Medicaid Managed Care-Central Mass. Health Care	B	MCD-MC
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
116	Medicaid Managed Care – Tufts Associated Health Plan	B	MCD-MC
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
121	Medicare	3	MCR
220	Medicare HMO – Blue Care 65	F	MCR-MC
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
221	Medicare HMO – Harvard Community Health Plan 65	F	MCR-MC

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
223	Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
230	Medicare HMO – HCHP First Seniority	F	MCR-MC
127	Medicare HMO – Health New England Medicare Wrap **	F	MCR-MC
222	Medicare HMO – Healthsource CMHC	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan **	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
132	Medicare HMO – Matthew Thornton Senior Plan	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
134	Medicare HMO – Other (not listed elsewhere) ***	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65 **	F	MCR-MC
210	Medicare HMO – Pilgrim Preferred 65 **	F	MCR-MC
231	Medicare HMO – Pilgrim Prime	F	MCR-MC
232	Medicare HMO – Seniorcare Direct	F	MCR-MC
233	Medicare HMO – Seniorcare Plus	F	MCR-MC
224	Medicare HMO – Tufts Medicare Preferred HMO	F	MCR-MC
225	Medicare HMO – US Healthcare	F	MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
43	MEDTAC	8	HMO
96	Metrahealth (United Care of NE)	7	COM
158	Metrahealth – HMO (United Care of NE)	D	COM-MC

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
172	Metrahealth – POS (United Care of NE)	D	COM-MC
157	Metrahealth – PPO (United Care of NE)	D	COM-MC
201	Mutual of Omaha **	7	COM
62	Mutual of Omaha Insurance	7	COM
33	Mutual of Omaha PPO	D	COM-MC
47	Neighborhood Health Plan	8	HMO
3	Network Blue (PPO)	C	BCBS-MC
207	Network Health (Cambridge Health Alliance MCD Program)	B	MCD-MC
91	New England Benefits	7	COM
63	Mutual of Omaha Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
34	New York Life Care PPO	D	COM-MC
202	New York Life Insurance **	7	COM
159	None (Valid only for secondary source of payment)	N	NONE
31	One Health Plan HMO (Great West Life)	D	COM-MC
77	Options for Healthcare PPO	E	PPO
147	Other Commercial Insurance (not listed elsewhere) ***	7	COM
199	Other EPO (not listed elsewhere) ***	K	EPO
144	Other Government	5	GOV
148	Other HMO (not listed elsewhere) ***	8	HMO
141	Other Medigap (not listed elsewhere)	7	COM
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
99	Other POS (not listed elsewhere) ***	J	POS
156	Out of State BCBS	6	BCBS
120	Out-of-State Medicaid	5	GOV
135	Out-of-State Medicare	3	MCR
65	Paul Revere Life Insurance	7	COM
78	Phoenix Preferred PPO	D	COM-MC
10	Pilgrim Advantage - PPO	E	PPO
39	Pilgrim Direct	8	HMO
8	Pilgrim Health Care	8	HMO
95	Pilgrim Select - PPO	E	PPO
183	Pioneer Health Care EPO	K	EPO
79	Pioneer Health Care PPO	E	PPO

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
25	Pioneer Plan	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
203	Principal Financial Group (Principal Mutual Life)	7	COM
184	Private Healthcare Systems EPO	K	EPO
166	Private Healthcare Systems POS	J	POS
84	Private Healthcare Systems PPO	E	PPO
75	Prudential Healthcare HMO	D	COM-MC
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
66	Prudential Insurance	7	COM
93	Psychological Health Plan	E	PPO
101	Quarto Claims	7	COM
168	Reserved		
173-180	Reserved		
185-198	Reserved		
205-209	Reserved		
213-219	Reserved		
226-229	Reserved		
235-249	Reserved		
252-269	Reserved		
145	Self-Pay	1	SP
94	Time Insurance Co	7	COM
100	Transport Life Insurance	7	COM
7	Tufts Associated Health Plan	8	HMO
80	Tufts Total Health Plan PPO	E	PPO
97	Unicare	7	COM
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
270	Unicare Preferred Plus PPO	D	COM-MC
70	Union Labor Life Insurance	7	COM
86	United Health & Life PPO (Subsidiary of United Health Plans of NE)	E	PPO
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
9	United Health Plan of New England (Ocean State)	8	HMO
74	United Healthcare Insurance Company	7	COM

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**SUPPLEMENT V.
ALPHABETICAL SOURCE OF PAYMENT LIST
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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
35	United Healthcare Insurance Company – HMO (new for 1997)	D	COM-MC
163	United Healthcare Insurance Company – POS (new for 1997)	D	COM-MC
36	United Healthcare Insurance Company – PPO (new for 1997)	D	COM-MC
48	US Healthcare	8	HMO
83	US Healthcare Quality Network Choice- PPO	E	PPO
170	US Healthcare Quality POS	J	POS
102	Wausau Insurance Company	7	COM
146	Worker's Compensation	2	WOR

** Supplemental Payer Source

***Please list under the specific carrier when possible

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SUPPLEMENT V.
ALPHABETICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SUPPLEMENTAL PAYER SOURCES
USE AS SECONDARY PAYER SOURCE ONLY

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
137	AARP/Medigap Supplement	7	COM
138	Banker's Life and Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
136	BCBS Medex	6	BCBS
140	Combined Insurance Company of America	7	COM
200	Hartford Life Insurance Company	7	COM
127	Medicare HMO – Health New England Medicare Wrap	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO-Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65	F	MCR-MC
210	Medicare HMO-Pilgrim Preferred 65	F	MCR-MC
201	Mutual of Omaha	7	COM
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
202	New York Life Insurance Company	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC

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NUMERICAL SOURCE OF PAYMENT LIST
Effective October 1, 1997

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
1	Harvard Community Health Plan	8	HMO
2	Bay State – a product of HMO Blue	C	BCBS-MC
3	Network Blue (PPO)	C	BCBS-MC
4	Fallon Community Health Plan (includes Fallon Plus, Fallon Affiliates, Fallon UMass)	8	HMO
5	Invalid (replaced by #9)		
6	Invalid (replaced by #251)		
7	Tufts Associated Health Plan	8	HMO
8	Pilgrim Health Care	8	HMO
9	United Health Plan of New England (Ocean State)	8	HMO
10	Pilgrim Advantage - PPO	E	PPO
11	Blue Care Elect	C	BCBS-MC
12	Invalid (replaced by #49)		
13	Community Health Plan Options (New York)	J	POS
14	Health New England Advantage POS	J	POS
15	Invalid (replaced by #158)		
16	Invalid (replaced by #172)		
17	Prudential Healthcare POS	D	COM-MC
18	Prudential Healthcare PPO	D	COM-MC
19	Matthew Thornton	8	HMO
20	HCHP of New England (formerly RIGHA)	8	HMO
21	Commonwealth PPO	C	BCBS-MC
22	Aetna Open Choice PPO	D	COM-MC
23	Guardian Life Insurance Company PPO	D	COM-MC
24	Health New England Inc.	8	HMO
25	Pioneer Plan	8	HMO
26	Invalid (replaced by #75)		
27	First Allmerica Financial Life Insurance PPO	D	COM-MC
28	Great West Life PPO	D	COM-MC
29	Invalid (replaced by #171 & 250)		
30	CIGNA (Indemnity)	7	COM
31	One Health Plan HMO (Great West Life)	D	COM-MC
32	Invalid (replaced by #157 & 158)		

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
33	Mutual of Omaha PPO	D	COM-MC
34	New York Life Care PPO	D	COM-MC
35	United Healthcare Insurance Company – HMO (new for 1997)	D	COM-MC
36	United Healthcare Insurance Company - PPO (new for 1997)	D	COM-MC
37	HCHP-Pilgrim HMO (integrated product)	8	HMO
38	Health new England Select (self-funded)	8	HMO
39	Pilgrim Direct	8	HMO
40	Kaiser Foundation	8	HMO
41	Invalid (replaced by #157)		
42	ConnectiCare of Massachusetts	8	HMO
43	MEDTAC	8	HMO
44	Community Health Plan	8	HMO
45	Health Source New Hampshire	8	HMO
46	Blue ChiP (BCBS Rhode Island)	8	HMO
47	Neighborhood Health Plan	8	HMO
48	US Healthcare	8	HMO
49	Healthsource CMHC Plus PPO	E	PPO
50	Blue Health Plan for Kids	6	BCBS
51	Aetna Life Insurance	7	COM
52	Boston Mutual Insurance	7	COM
53	Invalid (no replacement)		
54	Continental Assurance Insurance	7	COM
55	Guardian Life Insurance	7	COM
56	Hartford L&A Insurance	7	COM
57	John Hancock Life Insurance	7	COM
58	Liberty Life Insurance	7	COM
59	Lincoln National Insurance	7	COM
60	Invalid (replaced by #97)		
61	Invalid (replaced by #96)		
62	Mutual of Omaha Insurance	7	COM
63	New England Mutual Insurance	7	COM
64	New York Life Care Indemnity (New York Life Insurance)	7	COM
65	Paul Revere Life Insurance	7	COM

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
66	Prudential Insurance	7	COM
67	First Allmerica Financial Life Insurance	7	COM
68	Invalid (replaced by #96)		
69	Corporate Health Insurance Liberty Plan	7	COM
70	Union Labor Life Insurance	7	COM
71	ADMAR	E	PPO
72	Healthsource New Hampshire	7	COM
73	United Health and Life (subsidiary of United Health Plans of NE)	7	COM
74	United Healthcare Insurance Company	7	COM
75	Prudential Healthcare HMO	D	COM-MC
76	Invalid (replaced by #270)		
77	Options for Healthcare PPO	E	PPO
78	Phoenix Preferred PPO	D	COM-MC
79	Pioneer Health Care PPO	E	PPO
80	Tufts Total Health Plan PPO	E	PPO
81	HMO Blue	C	BCBS-MC
82	John Hancock Preferred	D	COM-MC
83	US Healthcare Quality Network Choice - PPO	E	PPO
84	Private Healthcare Systems PPO	E	PPO
85	Liberty Mutual	7	COM
86	United Health & Life PPO (subsidiary of United Health Plans of NE)	E	PPO
87	CIGNA PPO	D	COM-MC
88	Freedom Care	E	PPO
89	Great West/NE Care	7	COM
90	Healthsource Preferred (self-funded)	E	PPO
91	New England Benefits	7	COM
92	Invalid (replaced by #84, 166, 184)		
93	Psychological Health Plan	E	PPO
94	Time Insurance Co	7	COM
95	Pilgrim Select - PPO	E	PPO
96	Metrahealth (United Health Care of NE)	7	COM
97	Unicare	7	COM

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
98	Healthy Start	9	FC
99	Other POS (not listed elsewhere) ***	J	POS
100	Transport Life Insurance	7	COM
101	Quarto Claims	7	COM
102	Wausau Insurance Company	7	COM
103	Medicaid (includes MassHealth)	4	MCD
104	Medicaid Managed Care-Primary Care Clinician (PCC)	B	MCD-MC
105	Invalid (replaced by #111)		
106	Medicaid Managed Care-Central Mass Health Care	B	MCD-MC
107	Medicaid Managed Care-Community Health Plan	B	MCD-MC
108	Medicaid Managed Care-Fallon Community Health Plan	B	MCD-MC
109	Medicaid Managed Care-Harvard Community Health Plan	B	MCD-MC
110	Medicaid Managed Care-Health New England	B	MCD-MC
111	Medicaid Managed Care-HMO Blue	B	MCD-MC
112	Medicaid Managed Care-Kaiser Foundation Plan	B	MCD-MC
113	Medicaid Managed Care-Neighborhood Health Plan	B	MCD-MC
114	Medicaid Managed Care-United Health Plans of NE (Ocean State Physician's Plan)	B	MCD-MC
115	Medicaid Managed Care-Pilgrim Health Care	B	MCD-MC
116	Medicaid Managed Care-Tufts Associated Health Plan	B	MCD-MC
117	Invalid (no replacement)		
118	Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership	B	MCD-MC
119	Medicaid Managed Care Other (not listed elsewhere) ***	B	MCD-MC
120	Out-Of-State Medicaid	5	GOV
121	Medicare	3	MCR
122	Invalid (replaced by #234)		
123	Invalid (no replacement)		
124	Invalid (replaced by #222)		
125	Medicare HMO – Fallon Senior Plan	F	MCR-MC
126	Invalid (replaced by #230)		
127	Medicare HMO – Health New England Medicare Wrap **	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors **	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan	F	MCR-MC

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
130	Invalid (replaced by #232 and 233)		
131	Medicare HMO – Pilgrim Enhance 65 **	F	MCR-MC
132	Medicare HMO – Matthew Thornton Senior Plan		MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
134	Medicare HMO – Other (not listed elsewhere)	F	MCR-MC
135	Out-Of-State Medicare	3	MCR
136	BCBS Medex **	6	BCBS
137	AARP/Medigap Supplement **	7	COM
138	Banker's Life and Casualty Insurance **	7	COM
139	Bankers Multiple Line **	7	COM
140	Combined Insurance Company of America **	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
142	Blue Cross Indemnity	6	BCBS
143	Free Care	9	FC
144	Other Government	5	GOV
145	Self-Pay	1	SP
146	Worker's Compensation	2	WOR
147	Other Commercial (not listed elsewhere) ***	7	COM
148	Other HMO (not listed elsewhere) ***	8	HMO
149	PPO and Other Managed Care (not listed elsewhere) ***	E	PPO
150	Other Non-Managed Care (not listed elsewhere) ***	0	OTH
151	CHAMPUS	5	GOV
152	Foundation	0	OTH
153	Grant	0	OTH
154	BCBS Other (not listed elsewhere) ***	6	BCBS
155	Blue Cross Managed Care Other (not listed elsewhere) ***	C	BCBS-MC
156	Out of State BCBS	6	BCBS
157	Metrahealth – PPO (United Health Care of NE)	D	COM-MC
158	Metrahealth – HMO (United Health Care of NE)	D	COM-MC
159	None (valid only for secondary source of payment)	N	NONE
160	Blue Choice (includes Healthflex Blue) - POS	C	BCBS-MC
161	Aetna Managed Choice POS	D	COM-MC
162	Great West Life POS	D	COM-MC

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
163	United Healthcare Insurance Company – POS (new for 1997)	D	COM-MC
164	Healthsource CMHC Plus POS	J	POS
165	Healthsource New Hampshire POS (self-funded)	J	POS
166	Private Healthcare Systems POS	J	POS
167	Fallon POS	J	POS
168	Reserved		
169	Kaiser Added Choice	J	POS
170	US Healthcare Quality POS	J	POS
171	CIGNA POS	D	COM-MC
172	Metrahealth – POS (United Health Care NE)	D	COM-MC
173-180	Reserved		
181	First Allmerica Financial Life Insurance EPO	D	COM-MC
182	Unicare Preferred Plus Managed Access EPO	D	COM-MC
183	Pioneer Health Care EPO	K	EPO
184	Private Healthcare Systems EPO	K	EPO
185-198	Reserved		
199	Other EPO (not listed elsewhere) ***	K	EPO
200	Hartford Life Insurance Co **	7	COM
201	Mutual of Omaha **	7	COM
202	New York Life Insurance **	7	COM
203	Principal Financial Group (Principal Mutual Life)	7	COM
204	Christian Brothers Employee	7	COM
207	Network Health (Cambridge Health Alliance MCD Program)	B	MCD-MC
208	HealthNet (Boston Medical Center MCD Program)	B	MCD-MC
205-209	Reserved		
210	Medicare HMO – Pilgrim Preferred 65 **	F	MCR-MC
211	Medicare HMO – Neighborhood Health Plan Senior Health Plus **	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement **	F	MCR-MC
213-219	Reserved		
220	Medicare HMO – Blue Care 65	F	MCR-MC
221	Medicare HMO – Harvard Community Health Plan 65	F	MCR-MC
222	Medicare HMO – Healthsource CMHC	F	MCR-MC

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
223	Medicare HMO – Harvard Pilgrim Health Care of New England Care Plus	F	MCR-MC
224	Medicare HMO – Tufts Secure Horizons	F	MCR-MC
225	Medicare HMO – US Healthcare	F	MCR-MC
2236-229	Reserved		
230	Medicare HMO – HCHP First Seniority	F	MCR-MC
231	Medicare HMO – Pilgrim Prime	F	MCR-MC
232	Medicare HMO – Seniorcare Direct	F	MCR-MC
233	Medicare HMO – Seniorcare Plus	F	MCR-MC
234	Medicare HMO – Managed Blue for Seniors	F	MCR-MC
235-249	Reserved		
250	CIGNA HMO	D	COM-MC
251	Healthsource CMHC HMO	8	HMO
252-269	Reserved		
270	UniCare Preferred Plus PPO	D	COM-MC
271	Hillcrest HMO	8	HMO
272	Auto Insurance	T	AI
300	CommCare: BMC HealthNet Plan/Commonwealth Care – General Classification (For use only when no specific level for this plan can be identified)	Q	CommCare
301	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type I	Q	CommCare
302	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type II	Q	CommCare
303	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type III	Q	CommCare
304	CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type IV	Q	CommCare
400	CommCare: Cambridge Network Health Forward – General Classification (For use only when no specific level for this plan can be identified)	Q	CommCare
401	CommCare: Cambridge Network Health Forward – Plan Type I	Q	CommCare
402	CommCare: Cambridge Network Health Forward – Plan Type II	Q	CommCare

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SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
403	CommCare: Cambridge Network Health Forward – Plan Type III	Q	CommCare
404	CommCare: Cambridge Network Health Forward – Plan Type IV	Q	CommCare
500	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – General Classification (For use only when no specific level for this plan can be identified)	Q	CommCare
501	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 1 (Group No. 4445077)	Q	CommCare
502	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 2 (Group No. 4455220)	Q	CommCare
503	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 3 (Group No. 4455221)	Q	CommCare
504	CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 4 (Group No. 4455222)	Q	CommCare
600	CommCare: Neighborhood Health Plan– General Classification (For use only when no specific level for this plan can be identified)	Q	CommCare
601	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type I (9CC1)	Q	CommCare
602	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type II (9CC2)	Q	CommCare
603	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type III (9CC3)	Q	CommCare
604	CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type IV (9CC4)	Q	CommCare
990	Free Care – co-pay, deductible, or co-insurance (when billing for free care services use #143)	9	FC

** Supplemental Payer Source

*** Please list under the specific carrier when possible

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SUPPLEMENT VI.
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SUPPLEMENTAL PAYER SOURCES
USE AS SECONDARY PAYER SOURCE ONLY

SOURCE PAY CODE	SOURCE OF PAYMENT DEFINITIONS	MATCHING PAYER TYPE CODE	PAYER TYPE ABBREVIATION
127	Medicare HMO – Health New England Medicare Wrap	F	MCR-MC
128	Medicare HMO – HMO Blue for Seniors	F	MCR-MC
129	Medicare HMO – Kaiser Medicare Plus Plan	F	MCR-MC
131	Medicare HMO – Pilgrim Enhance 65	F	MCR-MC
133	Medicare HMO – Tufts Medicare Supplement (TMS)	F	MCR-MC
136	BCBS Medex	6	BCBS
137	AARP/Medigap Supplement	7	COM
138	Banker's Life & Casualty Insurance	7	COM
139	Bankers Multiple Line	7	COM
140	Combined Insurance Company of America	7	COM
141	Other Medigap (not listed elsewhere) ***	7	COM
200	Hartford Life Insurance Co.	7	COM
201	Mutual of Omaha	7	COM
202	New York Life Insurance Company	7	COM
210	Medicare HMO – Pilgrim Preferred 65	F	MCR-MC
211	Neighborhood Health Plan Senior Health Plus	F	MCR-MC
212	Medicare HMO – Healthsource CMHC Central Care Supplement	F	MCR-MC

SECTION II. TECHNICAL DOCUMENTATION

PART A. CALCULATED FIELD DOCUMENTATION

1. Age Calculation
2. Newborn Age
3. Preoperative Days
4. Length of Stay (LOS) Calculation
5. Length of Stay (LOS) Routine
6. Unique Health Information Number
7. Days Between Stays

SECTION II. TECHNICAL DOCUMENTATION

For your information, we have included a page of physical specifications for the data file at the beginning of this manual. Please refer to CD Specifications on page 2 for further details.

Technical Documentation included in this section of the manual is as follows:

Part A. Calculated Field Documentation

Part B. Data File Summary

Part C. Revenue Code Mappings

Record layout gives a description of each field along with the starting and ending positions. A copy of this layout accompanies this manual for the users' review.

Calculated fields are age, newborn age in weeks, preoperative days, length of stay, Unique Health Information Number (UHIN), and days between stays. Each description has three parts:

First is a description of any **Conventions**. For example, how are missing values used?

Second is a **Brief Description** of how the fields are calculated. This description leaves out some of the detail. However, with the first section it gives a good working knowledge of the field.

Third is a **Detailed Description** of how the calculation is performed. This description follows the code very closely.

PART A. CALCULATED FIELD DOCUMENTATION

1. AGE CALCULATION

A) Conventions:

- 1) Age is calculated if the date of birth and admission date are valid. If either one is invalid, then '999' is placed in this field.
- 2) Discretion should be used whenever a questionable age assignment is noted. Researchers are advised to consider other data elements (i.e., if the admission type is newborn) in their analysis of this field.

B) Brief Description:

Age is calculated by subtracting the date of birth from the admission date.

C) Detailed Description:

- 1) If the patient has already had a birthday for the year, his or her age is calculated by subtracting the year of birth from the year of admission. If not, then the patient's age is the year of admission minus the year of birth, minus one.
- 2) If the age is 99 (the admission date is a year before the admission date or less) and the MDC is 15 (the patient is a newborn), then the age is assumed to be zero.

PART A. CALCULATED FIELD DOCUMENTATION

2. NEWBORN AGE

A) Conventions:

- 1) Newborn age is calculated to the nearest week (the remainder is dropped). Thus, newborns zero to six days old are considered to be zero weeks old.
- 2) Discharges that are not newborns have '99' in this field.

B) Brief Description:

Discharges less than one year old have their age calculated by subtracting the date of birth from the admission date. This gives the patient's age in days. This number is divided by seven, the remainder is dropped.

C) Detailed Description:

- 1) If a patient is 1 year old or older, the age in weeks is set to '99'.
- 2) If a patient is less than 1 year old then:
 - a) Patients' age is calculated in days using the Length of Stay (LOS) routine, described herein.
 - b) Number of days in step 'a' above is divided by seven, and the remainder is dropped.

PART A. CALCULATED FIELD DOCUMENTATION

3. PREOPERATIVE DAYS

A) Conventions:

- 1) A procedure performed on the day of admission will have preoperative days set to zero. One performed on the day after admission will have preoperative days set to 1, etc. A procedure performed on the day before admission will have preoperative days set to negative one (-1).
- 2) Preoperative days are set to 0000 when preoperative days are not applicable.
- 3) For procedures performed before the day of admission, a negative sign (-) will appear in the first position of the preoperative day field.

B) Brief Description:

Preoperative days are calculated by subtracting the patient's admission date from the surgery date.

C) Detailed Description:

- 1) If there is no procedure date, or if the procedure date or admission date is invalid, or if the procedure date occurs after the discharge date, then preoperative days is set to 0000.
- 2) Otherwise preoperative days are calculated using the Length of Stay (LOS) Routine, as described herein.

PART A. CALCULATED FIELD DOCUMENTATION

4. LENGTH OF STAY (LOS) CALCULATION

A) Conventions:

Same day discharges have a length of stay of 1 day.

B) Brief Description:

Length of Stay (LOS) is calculated by subtracting the admission date from the discharge date (and then subtracting Leave of Absence Days (LOA) days). If the result is zero (for same day discharges), then the value is changed to 1.

C) Detailed Description:

- 1) The length of stay is calculated using the LOS routine.
- 2) If the value is zero, then it is changed to a 1.

PART A. CALCULATED FIELD DOCUMENTATION

5. LENGTH OF STAY (LOS) ROUTINE

A) Conventions:

None.

B) Brief Description:

1) Length of Stay (LOS) is calculated by subtracting the admission date from the Discharge Date and then subtracting the Leave of Absence from the total. If either date is invalid, length of stay = 0.

2) Days are accumulated a year at a time, until both dates are in the same year. At this point, the algorithm may have counted beyond the ending date or may still fall short of it. The difference is added (or subtracted) to give the correct LOS.

PART A. CALCULATED FIELD DOCUMENTATION

**6. UNIQUE HEALTH INFORMATION NUMBER (UHIN) VISIT
SEQUENCE NUMBER**

A) Conventions:

If the Unique Health Information Number (UHIN) is undefined (not reported, unknown or invalid), the sequence number is set to zero.

B) Brief Description:

The Sequence Number is calculated by sorting the file by UHIN, admission date, and discharge date. The sequence number is then calculated by incrementing a counter for each UHIN's set of admissions.

C) Detailed Description:

- 1) UHIN Sequence Number is calculated by sorting the entire database by UHIN, admission date, then discharge date (both dates are sorted in ascending order).
- 2) If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.
- 3) If the UHIN is valid, the sequence number is calculated by incrementing a counter from 1 to nnnn, where a sequence number of 1 indicates the first admission for the UHIN, and nnnn indicates the last admission for the UHIN.
- 4) If a UHIN has 2 admissions on the same day, the discharge date is used as the secondary sort key.

PART A. CALCULATED FIELD DOCUMENTATION

7. DAYS BETWEEN STAYS

A) Conventions:

- 1) If the UHIN is undefined (not reported unknown or invalid), the days between stays is set to zero.
- 2) If the previous discharge date is greater than the current admission date or the previous discharge date or current admission date is invalid (i.e., 03/63/95), DAYS BETWEEN STAYS is set to '9999' to indicate an error.

B) Brief Description:

The Days Between Stays is calculated by sorting the file by UHIN, admission date, and discharge date. For UHINs with two or more admissions, the calculation subtracts the previous discharge date from the current admission date to find the Days Between Stays.

C) Detailed Description:

- 1) The Days Between Stays data element is calculated by sorting the entire database by UHIN, and sequence number.
- 2) If the UHIN is undefined (not reported, unknown or invalid), the Days Between Stays is set to zero.
- 3) If the UHIN is valid and this is the first occurrence of the UHIN, the discharge date is saved (in the event there is another occurrence of the UHIN). In this case, the Days Between Stays is set to zero.

PART A. CALCULATED FIELD DOCUMENTATION

7. DAYS BETWEEN STAYS (*continued*)

4) If a second occurrence of the UHIN is found, Days Between Stays is calculated by finding the number of days between the previous discharge date and the current admission date, with the following caveats:

A) If the previous discharge date is greater than the current admission date; OR

B) The previous discharge date or current admission date is invalid, (i.e., 03/63/95), Days Between Stays is set to '9999' to indicate an error.

5) Step 4 is repeated for all subsequent re-admissions until the UHIN changes.

6) The method used to calculate Length of Stay is also used to calculate Days Between Stays.

7) If the Discharge Date on the first admission date is the same as the admission date on the first re-admission, Days Between Stays is set to zero. This situation occurs for transfer patients, as well as for women admitted into the hospital with false labor.

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

1. Discharge File Table FY2007
2. Revenue File Table FY2007
3. Data Code Tables FY2007

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

The following is a list of the contents of the FIPA Layout. The data is separated into a Discharge File and a Revenue File. Passed and Failed data are included together in each file. The failed discharges are flagged for easy identification. See Data Elements: Flag to indicate if Discharge passed edits, SubmissionPassedFlag.

Linkage between the Discharge File and the Revenue File can be accomplished using the RecordType20ID. The SubmissionControlID identifies a unique collection of discharges from a provider – i.e., a specific data submission for a specific hospital and quarter.

It is important to note that the data set may vary depending on what level data you have received. Please also note that the FIPA file has been cleaned. Bad character data have been replaced with underscores. Bad numeric data and bad dates have been replaced with nulls.

The following files are included in the electronic files along with the Hospital Discharge Data:

- Top Errors Report
- Record Layout
- Total Charges & Discharges by Hospital

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

1. FY2007 Discharge File Table – 1 Record per Discharge

Please note changes made during FY2007.

#	Data Element	Column
1	RecordType20ID*	RecordType20ID*
2	SubmissionControlID**	SubmissionControlID**
3	Submission Year	Year
4	Submission Quarter	Quarter
5	Discharge ID	DischargeID
6	Hospital Organization ID	IdOrgHosp
7	Filing Organization ID	IdOrgFiler
8	Site Organization ID	IdOrgSite
9	Site Number	Site Number
10	Sex of Patient	Sex
11	Transfer Organization ID	IdOrgTransfer
12	Patient's Resident Street Address	PermanentPatientStreetAddress
13	Patient's Resident City	PermanentPatientCity
14	Patient's Resident State	PermanentPatientState
15	Patient's Resident Zip Code	PermanentPatientZIPCode
16	Patient's Resident Country	PermanentPatientCountry
17	Patient's Temporary Street Address	TemporaryUSPatientStreetAddress
18	Patient's Temporary City	TemporaryUSPatientCity
19	Patient's Temporary State	TemporaryUSPatientState
20	Patient's Temporary ZIP Code	TemporaryUSPatientZIPCode
21	Patient's Employer's ZIP Code	EmployerZIPCode
22	Homeless Indicator	HomelessIndicator
23	Newborn Age	Newborn Age
24	Calculated Age	Age
25	Newborn Birth Weight (in grams)	Birthweight
26	Veterans Status	VeteransStatus
27	DNR Status	DNRStatus
28	Race1 of Patient	Race1
29	Race2 of Patient	Race2
30	Other Race of Patient	OtherRace
31	Hispanic Indicator	HispanicIndicator
32	Ethnicity1 of Patient	Ethnicity1
33	Ethnicity2 of Patient	Ethnicity2
34	Other Ethnicity of Patient	OtherEthnicity
35	Nature of the Patient Admission	AdmissionType

*formerly dischargeid

**formerly providercontrolid

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

1. FY2007 Discharge File Table – 1 Record per Discharge - Continued

#	Data Element	Column
36	Primary Source of Patient Admission	AdmissionSourceCode1
37	Secondary Source of Patient Admission	AdmissionSourceCode2
38	Outcome of Patients Hospitalization	PatientStatus
39	Anticipated SOURCE of Hospital Expense Reimbursement	PayerCode1
40	Anticipated TYPE of Hospital Expense Reimbursement	PrimaryPayerType
41	Secondary SOURCE of Hospital Expense Reimbursement	PayerCode2
42	Secondary TYPE of Hospital Reimbursement	SecondaryPayerType
43	Day of week patient was Admitted	AdmissionDayOfWeek
44	Day of week patient was Discharged	DischargeDayOfWeek
45	Calculated Length of Stay	LengthOfStay
46	Administratively Necessary Days	NumberOfANDs
47	Leave of Absence Days	LeaveOfAbsenceDays
48	NbrOfDiagnosisCodes	NumberOfDiagnosisCodes
49	NbrOfProcedureCodes	NumberOfProcedureCodes
50	Patient's Medical Record Number	MedicalRecordNumber
51	Billing Number	HospBillNo
52	Unique Patient Identifier	UHIN
53	Patient's Birthdate	DOB
54	Mothers Unique Patient Identifier	MotherSSN
55	Mothers Medical Record Number	MotherMedicalRecordNumber
56	Days Between Stays	DaysBetweenStays
57	Re-Admission Sequence	UHIN_SequenceNo
58	Date of Hospital Admission	AdmissionDate
59	Month of Hospital Admission	AdmissionMonth
60	Date of Hospital Discharge	DischargeDate
61	Month of Hospital Discharge	DischargeMonth
62	Period (Quarter) Starting Date	PeriodStartingDate
63	Period (Quarter) Ending Date	PeriodEndingDate
64	Attending Physician NPI	AttendingPhysNPI
65	Attending Physician NPI Location Code	AttendingPhysNPILocationCode
66	Operating Physician NPI	OperatingPhysNPI
67	Operating Physician NPI Location Code	OperatingPhysNPILocationCode
68	Other Care Giver Code	OtherCareGiverCode
69	Other Care Giver NPI	OtherCareGiverNPI
70	Other Care Giver NPI Location Code	OtherCareGiverNPILocCode

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

1. FY2007 Discharge File Table – 1 Record per Discharge - Continued

#	Data Element	Column
71	Total Charges for Routine Accom. Revenue Centers	TotalChargesRoutine
72	Total Charges for Special Accom. Revenue Centers	TotalChargeSpecial
73	Total Charges for all Revenue Centers	TotalChargesAll
74	Total Charges for Ancillary Revenue Centers	TotalChargesAncillaries
75	Flag to indicate if discharge passed edits	DischargePassed
76	SubmissionPassedFlag	SubmissionPassedFlag
77	ED Flag	EDFlagCode
78	Outpatient Observation Stay Flag	OutpatntObsrvStayFlagCode
79	Special Condition Indicator	SpecialConditionIndicator
80	Ecode	Ecode
81	ConditionPresentECode	ConditionPresentECode
82	ConditionPresent1	ConditionPresent1
83	ConditionPresent2	ConditionPresent2
84	ConditionPresent3	ConditionPresent3
85	ConditionPresent4	ConditionPresent4
86	ConditionPresent5	ConditionPresent5
87	ConditionPresent6	ConditionPresent6
88	ConditionPresent7	ConditionPresent7
89	ConditionPresent8	ConditionPresent8
90	ConditionPresent9	ConditionPresent9
91	ConditionPresent10	ConditionPresent10
92	ConditionPresent11	ConditionPresent11
93	ConditionPresent12	ConditionPresent12
94	ConditionPresent13	ConditionPresent13
95	ConditionPresent14	ConditionPresent14
96	ConditionPresent15	ConditionPresent15
97	Principal ICD-9 Diagnosis Code	DiagnosisCode1
98	Associated ICD-9 Diag Code I	DiagnosisCode2
99	Associated ICD-9 Diag Code II	DiagnosisCode3
100	Associated ICD-9 Diag Code III	DiagnosisCode4
101	Associated ICD-9 Diag Code IV	DiagnosisCode5
102	Associated ICD-9 Diag Code V	DiagnosisCode6
103	Associated ICD-9 Diag Code VI	DiagnosisCode7
104	Associated ICD-9 Diag Code VII	DiagnosisCode8
105	Associated ICD-9 Diag Code VIII	DiagnosisCode9
106	Associated ICD-9 Diag Code IX	DiagnosisCode10
107	Associated ICD-9 Diag Code X	DiagnosisCode11
108	Associated ICD-9 Diag Code XI	DiagnosisCode12

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

1. FY2007 Discharge File Table – 1 Record per Discharge – *Continued*

#	Data Element	Column
109	Associated ICD-9 Diag Code XII	DiagnosisCode13
110	Associated ICD-9 Diag Code XIII	DiagnosisCode14
111	Associated ICD-9 Diag Code XIV	DiagnosisCode15
112	Principal ICD-9 Procedure Code	ProcedureCode1
113	Principal Procedure Date	ProcedureDate1
114	Significant ICD-9 Procedure Code I	ProcedureCode2
115	Procedure I Date	ProcedureDate2
116	Significant ICD-9 Procedure II Code	ProcedureCode3
117	Procedure II Date	ProcedureDate3
118	Significant ICD-9 Procedure III Code	ProcedureCode4
119	Procedure III Date	ProcedureDate4
120	Significant ICD-9 Procedure IV Code	ProcedureCode5
121	Procedure IV Date	ProcedureDate5
122	Significant ICD-9 Procedure V Code	ProcedureCode6
123	Procedure V Date	ProcedureDate6
124	Significant ICD-9 Procedure VI Code	ProcedureCode7
125	Procedure VI Date	ProcedureDate7
126	Significant ICD-9 Procedure VII Code	ProcedureCode8
127	Procedure VII Date	ProcedureDate8
128	Significant ICD-9 Procedure VIII Code	ProcedureCode9
129	Procedure VIII Date	ProcedureDate9
130	Significant ICD-9 Procedure IX Code	ProcedureCode10
131	Procedure IX Date	ProcedureDate10
132	Significant ICD-9 Procedure X Code	ProcedureCode11
133	Procedure X Date	ProcedureDate11
134	Significant ICD-9 Procedure XI Code	ProcedureCode12
135	Procedure XI Date	ProcedureDate12
136	Significant ICD-9 Procedure XII Code	ProcedureCode13
137	Procedure XII Date	ProcedureDate13
138	Significant ICD-9 Procedure XIII Code	ProcedureCode14
139	Procedure XIII Date	ProcedureDate14
140	Significant ICD-9 Procedure XIV Code	ProcedureCode15
141	Procedure XIV Date	ProcedureDate15
142	Number of days in hospital when FIRST procedure performed	PreoperativeDays1
143	Number of days in hospital when SECOND procedure performed	PreoperativeDays2
144	Number of days in hospital when THIRD procedure performed	PreoperativeDays3

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

1. FY2007 Discharge File Table – 1 Record per Discharge - Continued

#	Data Element	Column
145	V 20 Major Diagnosis Group (MDC)	V20_MDC
146	V 20 Diagnosis Related Group (DRG)	V20_DRG
147	V 20 DRG Return Code	V20_ReturnCode
148	V 20 First O.R. Procedure Code used by Grouper	V20_ORProcedureCode1
149	V 20 Second O.R. Procedure Code used by Grouper	V20_ORProcedureCode2
150	V 20 Third O.R. Procedure Code used by Grouper	V20_ORProcedureCode3
151	V 20 First Non-O.R. Procedure Code used by Grouper	V20_NonORProcedureCode1
152	V 20 Second Non-O.R. Procedure Code used by Grouper	V20_NonORProcedureCode2
153	V 20 First Diagnosis Code, other than principal code, that was used by Grouper	V20_DiagnosisCode1
154	V 20 Second Diagnosis Code, other than principal code, that was used by Grouper	V20_DiagnosisCode2
155	V 20 Third Diagnosis Code, other than principal code, that was used by Grouper	V20_DiagnosisCode3
156	V 20 Severity Code used by Grouper	V20_Severity
157	V 20 Severity Diagnosis Buffer Code used by Grouper	V20_SeverityDiagnosisBuffer
158	V 20 Mortality Code used by Grouper	V20_Mortality
159	V 20 Mortality Diagnosis Buffer used by Grouper	V20_MortalityDiagnosisBuffer
160	V AP 12 Major Diagnosis Group (MDC)	V12_MDC
161	V AP 12 Diagnosis Related Group (DRG)	V12_DRG
162	V AP 12 DRG Return Code	V12_ReturnCode
163	V AP 12 First O.R. Procedure Code used by Grouper	V12_ORProcedureCode1
164	V AP 12 Second O.R. Procedure Code used by Grouper	V12_ORProcedureCode2
165	V AP 12 Third O.R. Procedure Code used by Grouper	V12_ORProcedureCode3
166	V AP 12 First Non-O.R. Procedure Code used by Grouper	V12_NonORProcedureCode1
167	V AP 12 Second Non-O.R. Procedure Code used by Grouper	V12_NonORProcedureCode2
168	V AP 12 First Diagnosis Code, other than principal code, that was used by Grouper	V12_DiagnosisCode1
169	V AP 12 Second Diagnosis Code, other than principal code, that was used by Grouper	V12_DiagnosisCode2
170	V AP 12 Third Diagnosis Code, other than principal code, that was used by Grouper	V12_DiagnosisCode3
171	V AP 12 Diagnosis Code used by Grouper to satisfy Completion/Comorbidity Criteria	V12_DiagnosisCodeComplication
172	V AP 12 Major Complication/Comorbidity Indicator	V12_Complication

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

1. FY2007 Discharge File Table – 1 Record per Discharge - Continued

#	Data Element	Column
173	V AP 12 Trauma Registry Indicator	V12_TraumaRegistryIndicator
174	V AP 21 Major Diagnosis Group (MDC)	V21_MDC
175	V AP 21 Diagnosis Related Group (DRG)	V21_DRG
176	V AP 21 DRG Return Code	V21_ReturnCode
177	V AP 21 First O.R. Procedure Code used by Grouper	V21_ORProcedureCode1
178	V AP 21 Second O.R. Procedure Code used by Grouper	V21_ORProcedureCode2
179	V AP 21 Third O.R. Procedure Code used by Grouper	V21_ORProcedureCode3
180	V AP 21 First Non-O.R. Procedure Code used by Grouper	V21_NonORProcedureCode1
181	V AP 21 Second Non-O.R. Procedure Code used by Grouper	V21_NonORProcedureCode2
182	V AP 21 First Diagnosis Code, other than principal code, that was used by Grouper	V21_DiagnosisCode1
183	V AP 21 Second Diagnosis Code, other than principal code, that was used by Grouper	V21_DiagnosisCode2
184	V AP 21 Third Diagnosis Code, other than principal code, that was used by Grouper	V21_DiagnosisCode3
185	V AP 21 Diagnosis Code used by Grouper to satisfy Completion/Comorbidity Criteria	V21_DiagnosisCodeComplication
186	V AP 21 Major Complication/Comorbidity Indicator	V21_Complication
187	V AP 21 Trauma Registry Indicator	V21_TraumaRegistryIndicator
188	V AP 21 Congenital Malformation Registry Indicator	V21_CongenitalMalformationRegistryIndicator
189	CMS 24 Major Diagnosis Group (MDC)	VHAF24_MDC
190	CMS 24 Diagnosis Related Group (DRG)	VHAF24_DRG
191	CMS 24 DRG Return Code	VHAF24_ReturnCode
192	CMS 24 First O.R. Procedure Code used by Grouper	VHAF24_ORProcedureCode1
193	CMS 24 Second O.R. Procedure Code used by Grouper	VHAF24_ORProcedureCode2
194	CMS 24 Third O.R. Procedure Code used by Grouper	VHAF24_ORProcedureCode3
195	CMS 24 First Non-O.R. Procedure Code used by Grouper	VHAF24_NonORProcedureCode1
196	CMS 24 Second Non-O.R. Procedure Code used by Grouper	VHAF24_NonORProcedureCode2
197	CMS 24 Third Non-O.R. Procedure Code used by Grouper	VHAF24_NonORProcedureCode3

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

1. FY2007 Discharge File Table – 1 Record per Discharge – *Continued*

#	Data Element	Column
198	CMS 24 Diagnosis Code used by Grouper to satisfy Complication Criteria	VHAF24_DiagnosisCodeComplication
199	CMS 24 Diagnosis Code used by Grouper to satisfy Complication/CoMorbidity Criteria	VHAF24_ComplicationCoMorbidity
200	Attending Physician Number	EncryptedAttendingPhysicianNumber
201	Operating PhysicianP Number	EncryptedOperatingPhysicianP
202	Operating PhysicianP1 Number	EncryptedOperatingPhysicianP1
203	Operating PhysicianP2 Number	EncryptedOperatingPhysicianP2
204	Operating PhysicianP3 Number	EncryptedOperatingPhysicianP3
205	Operating PhysicianP4 Number	EncryptedOperatingPhysicianP4
206	Operating PhysicianP5 Number	EncryptedOperatingPhysicianP5
207	Operating PhysicianP6 Number	EncryptedOperatingPhysicianP6
208	Operating PhysicianP7 Number	EncryptedOperatingPhysicianP7
209	Operating PhysicianP8 Number	EncryptedOperatingPhysicianP8
210	Operating PhysicianP9 Number	EncryptedOperatingPhysicianP9
211	Operating PhysicianP10 Number	EncryptedOperatingPhysicianP10
212	Operating PhysicianP11 Number	EncryptedOperatingPhysicianP11
213	Operating PhysicianP12 Number	EncryptedOperatingPhysicianP12
214	Operating PhysicianP13 Number	EncryptedOperatingPhysicianP13
215	Operating PhysicianP14 Number	EncryptedOperatingPhysicianP14

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

2. FY2007 Revenue File Table - 1 Record per Revenue Code reported for each discharge

#	Data Element	Column
1	RecordType20ID	RecordType20ID
2	ServiceID	ServiceID
3	SubmissionControlID	SubmissionControlID
4	Revenue Code Type	TypeofService
5	LineItem	Sequence
6	UB-92 Revenue Code	RevenueCode
7	Units of Service for Revenue Center	UnitsOfService
8	Charges for Revenue Center	TotalCharges

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES

The following are the code tables for all data elements requiring codes not otherwise specified in 114.1 CMR 17.00. Please note that the Source of Payment Code Table and the Supplemental Payer Source Code Table appears as Supplements in Part F of this manual.

Patient Sex Codes:

* SEX CODE	* Patient Sex Definition
M	Male
F	Female
U	Unknown

Patient Race Codes:

Patient Race Codes

Race Code	Description
R1	American Indian /Alaska Native
R2	Asian
R3	Black/African American
R4	Native Hawaiian or Other Pacific Islander
R5	White
R9	Other Race
Unknow	Unknown/not specified

Type of Admission Codes:

* TYPEADM CODE	*Type of Admission Definition
1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Information Unavailable

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Source of Admission Codes:

* SRCADM CODE	* Source of Admission Definition
0	Information not available
1	Direct Physician Referral
2	Within Hospital Clinic Referral
3	Direct Health Plan Referral / HMO Referral
4	Transfer from an Acute Hospital
5	Transfer from a Skilled Nursing Facility (SNF)
6	Transfer from Intermediate Care Facility (ICF)
7	Outside Hospital Emergency Room Transfer
8	Court/Law Enforcement
9	Other (to include Level 4 Nursing Facility)
L	Outside Hospital Clinic Referral
M	Walk-In / Self-Referral
R	Within Hospital Emergency Room Transfer
T	Transfer from Another Institution's Ambulatory Surgery
W	Extramural Birth
X	Observation
Y	Within Hospital Ambulatory Surgery Transfer

* SRCADM CODE	* Source of Admission Definition – Newborn Only
Z	Information Not Available – Newborn
A	Normal Delivery
B	Premature Delivery
C	Sick Baby
D	Extramural Birth

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Patient Status Codes:

Departure Status Code	Departure Status Description
01	Discharged/transferred to home or self-care (routine discharge)
02	Discharged/transferred to another short-term general hospital
03	Discharged/transferred to Skilled Nursing Facility (SNF)
04	Discharged/transferred to Intermediate Care Facility (ICF)
05	Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution
06	Discharged/transferred to home under care of organized home health service organization
07	Left Against Medical Advice
08	Discharged/transferred to home under care of a Home IV Drug Therapy Provider
09	Not Used
10	Discharged/transferred to chronic hospital
11	Discharged/transferred to mental health hospital
12	Discharge Other
13	Discharged/transferred to rehab hospital
14	Discharged/transferred to rest home
15	Discharged to shelter
20	Expired (or did not recover – Christian Science Patient)
50	Discharged to Hospice-Home
51	Discharged to Hospice Medical Facility
43	Discharged/transferred to federal healthcare facility
62	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital.
63	Discharge/transfer to a Medicare certified long term care hospital.
65	Discharged/transferred to psychiatric hospital or psychiatric distinct part unit of a hospital.
66	Discharged/transferred to a Critical Access Hospital (CAH).

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Payer Type Codes:

*PAYER TYPE CODE	Payer Type Abbreviation	* Payer Type Definition
1	SP	Self-Pay
2	WOR	Worker's Compensation
3	MCR	Medicare
F	MCR-MC	Medicare Managed Care
4	MCD	Medicaid
B	MCD-MC	Medicaid Managed Care
5	GOV	Other Government Payment
6	BCBS	Blue Cross
C	BCBS-MC	Blue Cross Managed Care
7	COM	Commercial Insurance
D	COM-MC	Commercial Managed Care
8	HMO	Health Maintenance Organization
9	FC	Free Care
0	OTH	Other Non-Managed Care Plans
E	PPO	PPO and Other Managed Care Plans Not Elsewhere Classified
J	POS	Point-Of-Service Plan
K	EPO	Exclusive Provider Organization
T	AI	Auto Insurance
N	None	None (Valid only for Secondary Payer)
Q	CommCare	Commonwealth Care Plans

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Veteran's Status Codes:

*VESTA CODE	* Veterans Status Definition
1	YES
2	NO (includes never a military, currently in active duty, national guard or revisit with 6 months or less active duty)
3	Not applicable
4	Not Determined (unable to obtain information)

DNR Codes:

* DNR CODE	Do Not Resuscitate Status Definition
1	DNR Order Written
2	Comfort Measures Only
3	No DNR Order or comfort measures ordered

Patient Hispanic Indicator

Valid Entries	Definition
Y	Patient is Hispanic/Latino/Spanish.
N	Patient is not Hispanic/Latino/Spanish.

Patient Homeless Indicator

Valid Entries	Definition
Y	Patient is known to be homeless.
N	Patient is not known to be homeless.

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Patient Ethnicity Code

Ethnicity Code	Ethnicity Definition
2182-4	Cuban
2184-0	Dominican
2148-5	Mexican, Mexican American, Chicano
2180-8	Puerto Rican
2161-8	Salvadoran
2155-0	Central American (not otherwise specified)
2165-9	South American (not otherwise specified)
2060-2	African
2058-6	African American
AMERCN	American
2028-9	Asian
2029-7	Asian Indian
BRAZIL	Brazilian
2033-9	Cambodian
CVERDN	Cape Verdean
CARIBI	Caribbean Island
2034-7	Chinese
2169-1	Columbian
2108-9	European
2036-2	Filipino
2157-6	Guatemalan
2071-9	Haitian
2158-4	Honduran
2039-6	Japanese
2040-4	Korean
2041-2	Laotian
2118-8	Middle Eastern
PORTUG	Portuguese
RUSSIA	Russian
EASTEU	Eastern European
2047-9	Vietnamese
OTHER	Other Ethnicity
UNKNOW	Unknown/not specified

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Routine Accommodations:

	Revenue Center	Revenue Code	Units of Service
1.	Medical/Surgical	111 (Includes codes: 111, 121, 131, 141, 151)	Days
2.	Obstetrics	112 (Includes codes: 112, 122, 132, 142, 152)	Days
3.	Pediatrics	113 (Includes codes: 113, 123, 133, 143, 153)	Days
4.	Psychiatric	114 (Includes codes: 114, 124, 134, 144, 154)	Days
5.	Hospice	115 (Includes codes: 115, 125, 135, 145, 155)	Days
6.	Detoxification	116 (Includes codes: 116, 126, 136, 146, 156)	Days
7.	Oncology	117 (Includes codes: 117, 127, 137, 147, 157)	Days
8.	Rehabilitation	118 (Includes codes: 118, 128, 138, 148, 158)	Days
9.	Other	119 (Includes codes: 119, 129, 139, 149, 159)	Days
10.	Nursery	170 (Includes codes: 170, 171, 172, 179)	Days
11.	Chronic	192	Days
12.	Subacute	196	Days
13.	TCU	197	Days
14.	SNF	198	Days

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Special Care Accommodations:

	Revenue Center	Revenue Code	Units of Service
1.	Neo-Natal ICU	175 (Includes codes: 173 & 174)	Days
2.	Medical / Surgical ICU	200 (Includes codes: 201 & 202)	Days
3.	Pediatric ICU	203	Days
4.	Psychiatric ICU	204	Days
5.	Post Care ICU	206	Days
6.	Burn Unit	207	Days
7.	Trauma Unit	208	Days
8.	Other ICU	209	Days
9.	Coronary Care Unit	210	Days
10.	Myocardial Infarction	211	Days
11.	Pulmonary Care	212	Days
12.	Heart Transplant	213	Days
13.	Post Coronary Care	214	Days
14.	Other Coronary Care	219	Days

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Ancillary Services:

	Revenue Center	Revenue Code	Units of Service
1.	Special Charges	220	Zeros
2.	Incremental Nursing Charge Rate	230	Zeros
3.	All Inclusive Ancillary	240	Zeros
4.	Pharmacy	250	Zeros
5.	IV Therapy	260	Zeros
6.	Medical / Surgical Supplies and Devices	270	Zeros
7.	Oncology	280	Zeros
8.	Durable Medical Equipment	290	Zeros
9.	Laboratory	300	Zeros
10.	Laboratory Pathological	310	Zeros
11.	Diagnostic Radiology	320	Zeros
12.	Therapeutic Radiology	330	Zeros
13.	Nuclear Medicine	340	Zeros
14.	CAT Scan	350	Zeros
15.	Operating Room Services	360	Zeros
16.	Anesthesia	370	Zeros
17.	Blood	380	Zeros
18.	Blood Storage and Processing	390	Zeros
19.	Other Imaging Services	400	Zeros
20.	Respiratory Services	410	Zeros

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Ancillary Services:

	Revenue Center	Revenue Code	Units of Service
21.	Physical Therapy	420	Zeros
22.	Occupational Therapy	430	Zeros
23.	Speech-Language Pathology	440	Zeros
24.	Emergency Room	450	Zeros
25.	Pulmonary Function	460	Zeros
26.	Audiology	470	Zeros
27.	Cardiology	480	Zeros
28.	Ambulatory Surgical Care	490	Zeros
29.	Outpatient Services	500	Zeros
30.	Clinics	510	Zeros
31.	Free-standing Clinic	520	Zeros
32.	Osteopathic Services	530	Zeros
33.	Ambulance	540	Zeros
34.	Skilled Nursing	550	Zeros
35.	Medical Social Services	560	Zeros
36.	Home Health Aide (Home Health)	570	Zeros
37.	Other Visits (Home Health)	580	Zeros
38.	Units of Service (Home Health)	590	Zeros
39.	Oxygen (Home Health)	600	Zeros
40.	MRI	610	Zeros
41.	Medical/ Surgical Supplies – Extension of 270	620	Zeros
42.	Drugs Requiring Specific Identification	630	Zeros

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Ancillary Services:

	Revenue Center	Revenue Code	Units of Service
43.	Home IV Therapy Services	640	Zeros
44.	Hospice Services	650	Zeros
45.	Respite Care (HHA Only)	660	Zeros
46.	Not Assigned	670	
47.	Not Assigned	680	
48.	Not Assigned	690	
49.	Cast Room	700	Zeros
50.	Recovery Room	710	Zeros
51.	Labor Room / Delivery	720	Zeros
52.	EKG/ECG (Electrocardiogram)	730	Zeros
53.	EEG (Electroencephalogram)	740	Zeros
54.	Gastro-Intestinal Services	750	Zeros
55.	General Treatment or Observation Room	760	Zeros
56.	Treatment Room	761	Zeros
57.	Observation Room	762	Zeros
58.	Other Observation Room	769	Zeros
59.	Preventive Care Services	770	Zeros
60.	Not Assigned	780	Zeros
61.	Lithotripsy	790	Zeros
62.	Inpatient Renal Dialysis	800	Zeros
63.	Organ Acquisition	810	Zeros
64.	Hemodialysis – Outpatient or Home	820	Zeros
65.	Peritoneal Dialysis – Outpatient or Home	830	Zeros
66.	Continuous Ambulatory Peritoneal Dialysis – Outpatient or Home	840	Zeros
67.	Continuous Cycling Peritoneal Dialysis – Outpatient or Home	850	Zeros
68.	Invalid (Reserved for Dialysis – National Assignment)	860	

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. INPATIENT DATA CODE TABLES (Continued)

Ancillary Services:

	Revenue Center	Revenue Code	Units of Service
69.	Invalid (Reserved for Dialysis – National Assignment)	870	Zeros
70.	Miscellaneous Dialysis	880	Zeros
71.	Other Donor Bank	890	Zeros
72.	Psychiatric / Psychological Treatments	900	Zeros
73.	Psychiatric / Psychological Services	910	Zeros
74.	Other Diagnostic Services	920	Zeros
75.	Not Assigned	930	Zeros
76.	Other Therapeutic Services	940	Zeros
77.	Other	950	Zeros
78.	Professional Fees	960 (Includes codes: 960, 961, 962, 963, 964, 969)	Zeros
79.	Professional Fees	970 Includes codes: 970, 971, 972, 973, 974, 975, 976, 977, 978, 979)	Zeros
80.	Professional Fees	980 Includes codes: 980, 981, 982, 983, 984, 985, 986, 987, 988, 989)	Zeros
81.	Patient Convenience Items	990	Zeros

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART B. DATA FILE SUMMARY

3. **INPATIENT DATA CODE TABLES (Continued)**

Other Caregiver Codes:

* OTH CARE CODE	* Type of Other Caregiver Definition
1	Resident
2	Intern
3	Nurse Practitioner
4	Not Used
5	Physician Assistant

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

ANCILLARY SERVICES

Effective January 1, 1994, amendments to Regulation 114.1 CMR 17.00 were adopted to require the use of the UB-92 revenue codes. As a result, all ancillary service revenue code subcategories are now mapped to the UB-92 major classification heading for that revenue center. For example, codes 251-259 map to code 250.

For periods ending December 31, 1993 and earlier, the following tables identify how the UB-92 revenue codes are mapped in the case mix database.

250 PHARMACY:

250 Pharmacy
251 General
252 Generic Drugs
253 Non-Generic Drugs
254 Blood Plasma
255 Blood-Other Components
256 Experimental Drugs
257 Non-Prescription
258 IV Solution
259 Other

260 IV THERAPY

270 MEDICAL / SURGICAL SUPPLIES:

270 General Medical Surgical Supplies
272 Sterile Supply
273 Take Home Supply
274 Prosthetic Devices
275 Pace Maker
277 Oxygen-Take Home
278 Other Implants
279 Other Devices
290 Durable Medical Equipment
291 Rental DME
292 Purchase DME
299 Other Equipment

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

300 LABORATORY:

300 General Laboratory
301 Chemistry
302 Immunology
303 Renal Patient (Home)
304 Non-Routine Dialysis
305 Hematology
306 Bacteriology & Microbiology
307 Urology
309 Other Lab
310 Lab-Pathological
311 Cytology
312 Histology
314 Biopsy
319 Other Path. Lab
971 Lab. Professional Fees

320 DIAGNOSTIC RADIOLOGY:

320 General
321 Angiocardigraph
324 Chest X-Ray
329 Other
400/409 Other Imaging Services
401 Mammography
402 Ultrasound
972 Diagnostic Radiology Professional Fees

THERAPEUTIC RADIOLOGY:

330 General
331 Chemotherapy-Inject
332 Chemotherapy-Oral
333 Radiation Therapy
335 Chemotherapy-IV
339 Other
973 Therapeutic Radiology Professional Fees

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FY2007 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

340 NUCLEAR MEDICINE:

340 General
341 Diagnostic
342 Therapeutic
349 Other Nuclear Medicine
974 Nuc. Medicine Professional Fees

350 CAT SCAN:

350 General
351 Head Scan
352 Body Scan
359 Other

360 OPERATING ROOM:

360 General
361 Minor Surgery
362 Organ Transplant (except Kidney)
367 Kidney Transplant
369 Other
975 Operating Room Professional Fees

370 ANESTHESIOLOGY:

370 General
374 Acupuncture
379 Other
963 Anesthesiology Professional Fees (MD)
964 Anesthesiology Professional Fees (RN)

380 BLOOD:

380 General
381 Packed Cells
382 Whole Blood
389 Other

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

390 BLOOD STORAGE, PROCESSING, AND ADMINISTRATION:

390 General

***391 Blood/Administration

399 Other

410 RESPIRATORY THERAPY:

410 General

412 Inhalation Services

413 Hyperbaric Oxygen Therapy

419 Other

976 Respiratory Therapy Professional Therapy

420 PHYSICAL THERAPY:

420 General

429 Other

977 Physical Therapy Professional Fees

430 OCCUPATIONAL THERAPY:

430 General

439 Other

978 Occupational Therapy Professional Fees

440 SPEECH THERAPY:

440 General

449 Other

979 Speech Therapy Professional Fees

450 EMERGENCY ROOM:

450 General

459 Other

981 Emergency Room Professional Fees

460 PULMONARY FUNCTION:

460 General

469 Other

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

470 AUDIOLOGY:

470 General
471 Diagnostic
472 Treatment
479 Other

480 CARDIAC CATHETERIZATION:

480 General
481 Cardiac Catheterization Lab
482 Stress Test
489 Other

540 AMBULANCE:

540 General
541 Supplies
542 Medical Treatment
543 Heart Mobile
544 Oxygen
545 Air Ambulance
549 Other

710 RECOVERY ROOM:

710 General
719 Other

720 LABOR AND DELIVERY:

720 General
721 Labor
722 Delivery
723 Circumcision
724 Birthing Center
729 Other

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

730 EKG/ECG:

730 General
731 Holter Monitor
739 Other
985 EKG Professional Fees

740 EEG:

740 General
749 Other
922 Electromyogram
986 EEG Professional Fees

800 RENAL DIALYSIS:

800 General
801 Inpatient Dialysis
802 Inpatient Peritoneal (non CAPD)
805 Training Hemodialysis
806 Training Peritoneal Dialysis
807 Under Arrangement In House
808 Continuous Ambulatory Peritoneal Dialysis Training
809 In Unit Lab-Routine
810 Self Care Dialysis Unit
811 Hemodialysis-Self Care
812 Peritoneal Dialysis-Self Care
813 Under Arrangement In House-Self Care
814 In Unit Lab-Self-Care
880 Miscellaneous Dialysis
881 Ultrafiltration

860 KIDNEY ACQUISITION:

860 General
861 Monozygotic Sibling
862 Dizygotic Sibling
863 Genetic Parent
864 Child
865 Non-Relating Living
866 Cadaver

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

900 PSYCHOLOGY AND PSYCHIATRY:

900 General
901 Electroshock Treatment
902 Milieu Therapy
903 Play Therapy
909 Other
910 Psychology/Psychiatry Services
911 Rehabilitation
912 Day Care
913 Night Care
914 individual Therapy
915 Group Therapy
916 Family Therapy
917 Bio Feedback
918 Testing
919 Other
961 Psychiatry Professional Fees

950 OTHER:

280 Oncology
***490 Ambulatory Surgery
***499 Other Ambulatory Surgery
***510 Clinic
***511 Chronic Pain Center
***512 Dental Clinic
***519 Other Clinic
530 General Osteopathic Services
531 Osteopathic Therapy
539 Other Osteopathic Therapy
560 Medical Social Services
700 Cast Room-General
709 Cast Room-Other
750/759 Gastro-Intestinal Services
890/899 Other Donor Bank
891 Bone Donor
892 Organ Donor
893 Skin Donor

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

950 OTHER (Continued):

920/929 Other Diagnostic Services
921 Peripheral Vascular Lab
940/949 Other Therapeutic Services
941 Recreational Therapy
942 Educational Therapy
943 Cardiac Rehabilitation
960 General Professional Fees
962 Opthamology
969 Other Professional Therapy
984 Medical Social Services
987 Hospital Visit
988 Consultation
989 Private Duty Nurse

***Please Note: These Revenue Centers should be reported only for those patients admitted to the hospital subsequent to surgical day care.

Technical Documentation
FY2007 Inpatient Hospital Discharge Database

PART C. REVENUE CODE MAPPINGS

The following ancillary revenue codes (and their related subcategories) are not valid pursuant to Regulation 114.1 CMR 17.00 and are not used for reporting charges on the case mix data. These revenue codes relate either to outpatient services or to non-patient care.

500 Outpatient Services
520 Free Standing Clinic
530 Osteopathic Services
550 Skilled Nursing
570 Home Health Aid
580 Other Visits (Home Health)
590 Units Of Service (Home Health)
600 Oxygen (Home Health)
640 Home IV Therapy Services
660 Respite Care (HHA only)
820 Hemodialysis-Outpatient or Home
830 Peritoneal Dialysis-Outpatient or Home
840 Continuous Ambulatory Peritoneal Dialysis-Outpatient or Home
850 Continuous Cycling Peritoneal Dialysis-Outpatient or Home
860 Reserved for Dialysis (National Assignment)
870 Reserved for Dialysis (National Assignment)
990 Patient Convenience Items

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MA DIVISION OF HEALTH CARE FINANCE & POLICY – Manual Revised November 10, 2008 ii

General Documentation
FY2007 Inpatient Hospital Discharge Database

INTRODUCTION

This documentation manual consists of two sections, General Documentation and Technical Documentation. This documentation Manual is for use with the HDD FY2007 database. The FY2007 HDD data was made available as of July 7, 2008.

Section I. General Documentation

The General Documentation for the Fiscal Year 2007 Hospital Discharge Database includes background on its development and the DRG Groupers, and is intended to provide users with an understanding of the data quality issues connected with the data elements they may decide to examine. This document contains hospital-reported discrepancies received in response to the data verification process. It also includes supplements listing the hospitals within the database, information on mergers, name changes, closures, conversion, and non-acute care hospitals, and alphabetical and numerical payer source lists.

Please note that major changes to the data base went into effect beginning October 1, 2006. Implementation of the changes occurred in two phases. Changes to the record layout only began on October 1, 2006, for Quarter 1. Error edits for the new fields began on January 1, 2007, for Quarter 2. The January, February and March data submissions were processed with edits that counted toward submission pass/fail.

Section II. Technical Documentation

The Technical Documentation includes information on the fields calculated by the Division of Health Care Finance & Policy (DHCFP), and a data file summary section describing the hospital data that is contained in the file. The data file section contains the Discharge File Table (formerly the record layout), Revenue File Table, and Data Code Tables. Also included are revenue code mappings.

For your reference, **CD Specifications** are listed in the following section to provide the necessary information to enable users to access files. Please note that as of October 1, 1999, certain regulatory changes were made to the format of the data.

Please note that significant changes have been made to the Discharge File Table for FY2007. New fields and values have been added. Please see the new Discharge File Table in Part B. of the Technical Documentation section.

Copies of Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data and Regulation 114.5 CMR 2.00: Disclosure of Hospital Case Mix and Charge Data may be obtained by logging on to the Division's web site at <http://www.mass.gov/dhcfp/>, or by faxing a request to the Division at 617-727-7662, or by emailing a request to the Division at Public.Records@state.ma.us.

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FY2007 Inpatient Hospital Discharge Database

CD SPECIFICATIONS

Hardware Requirements:

- * CD ROM Device
- * Hard Drive with 1.60 GB of space available

CD Contents:

* This CD contains the “Final / Full Year” 2007 Hospital Inpatient Discharge Data Product. It contains two Microsoft Access data base (MDB) files. The first file is the Discharge Table and contains one record per discharge. The second file is the Revenue Code Table that contains one record per revenue code reported for each discharge. The ProviderControlID and DischargeID are key fields on both tables to be utilized for linkage purposes.

As an approved applicant, or its agent, you are reminded that you are bound by your application and confidentiality agreement to secure this data in a sufficient manner, so as to protect the confidentiality of the data subjects.

File Naming Conventions:

This CD contains self-extracting compressed files, using the file-naming convention below.

- a) “Hosp_Inpatient_Discharge_2007_L1_zipped.exe” will expand out to “Hosp_Inpatient_Discharge_2007_L1.mdb”
- b) “Hosp_Inpatient_Services_2007_zipped.exe” will expand out to “Hosp_Inpatient_Services_2007.mdb”

In the above examples, 2007 represents Hospital Fiscal Year 2007 and L1 represents Level 1.

To extract data from the CD and put it on your hard drive, select the CD file you need and double click on it. You will be prompted to enter the name of the target destination.

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FY2007 Inpatient Hospital Discharge Database

SECTION I. GENERAL DOCUMENTATION

PART A. BACKGROUND INFORMATION

1. General Documentation Overview
2. Quarterly Reporting Periods
3. Development of the FY2007 HDD Data Base
4. DRG Grouper Methodology

General Documentation
FY2007 Inpatient Hospital Discharge Database

PART A. BACKGROUND INFORMATION

1. GENERAL DOCUMENTATION OVERVIEW

The General Documentation consists of six sections:

PART A. BACKGROUND INFORMATION: Provides information on the quarterly reporting periods, the development of the FY2007 hospital case mix database, and the DRG methodology used.

PART B. DATA: Describes the basic data quality standards as contained in *Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data*, some general data definitions, general data caveats, and information on specific data elements.

Case mix data plays a vital and growing role in health care research and analysis. To ensure the database is as accurate as possible, the DHCFP strongly encourages hospitals to verify the accuracy of their data. A standard *Verification Report Response Form* is issued by the Division, and is used by each hospital to verify the accuracy of their data as it appears on their FY2007 Final Case-mix Verification Report. If a hospital finds data discrepancies, the DHCFP requests that the hospital submit written corrections that provide an accurate profile of that hospital's discharges. Part C of the general documentation details hospital responses.

PART C. HOSPITAL RESPONSES: Details hospital responses received as a result of the data verification process. From this section users can also learn which hospitals did not verify their data. This section contains the following lists and charts:

1. Summary of Hospitals' FY2007 Verification Report Responses
2. List of Error Categories
3. Summary of Reported Discrepancies by Category
4. Index of Hospitals Reporting Discrepancies
5. Individual Hospital Discrepancy Documentation

PART D. CAUTIONARY USE HOSPITALS: Lists the hospitals for which the Division did not receive four (4) quarters of acceptable hospital discharge data, as specified under Regulation 114.1 CMR 17.00.

PART E. HOSPITALS SUBMITTING DATA: Lists all hospitals submitting data for FY2007, and those that failed to provide any FY2007 data. Also lists hospital discharge and charge totals by quarter for data submissions.

PART F. SUPPLEMENTARY INFORMATION: Provides Supplements I through VIII listed in the Table of Contents. Contains specific information on types of errors, hospital locations, and identification numbers.

General Documentation
FY2007 Inpatient Hospital Discharge Database

PART A. BACKGROUND INFORMATION

2. QUARTERLY REPORTING PERIODS

Massachusetts hospitals are required to file case-mix data which describes various characteristics of their patient population, as well as the charges for services provided to their patients in accordance with Regulation 114.1 CMR 17.00. Hospitals report data to the Division on a quarterly basis. For the 2007 period, these quarterly reporting intervals were as follows:

Quarter 1:	October 1, 2006 – December 31, 2006
Quarter 2:	January 1, 2007 – March 31, 2007
Quarter 3:	April 1, 2007 – June 30, 2007
Quarter 4:	July 1, 2007 – September 30, 2007

General Documentation
FY2007 Inpatient Hospital Discharge Database

PART A. BACKGROUND INFORMATION

3. DEVELOPMENT OF THE FISCAL YEAR 2007 DATABASE

Please note that the Division issued new submission specifications that took effect on October 1, 2006 for the FY2007 data base. The new specifications changed the database significantly. There are both new fields and new code values, as well as changes to certain existing code values. Further details are provided under the Data File contents section.

In 2001, the Division significantly restructured its Information System that produces the Hospital Case Mix and Charge Database. Two of the Division's objectives were to improve operational efficiency as well as to improve the quality of the database for data users. Improved data cleaning, integrity checks, and modification to the file structure were just a few ways we worked to improve the database. Additions that went into effect on October 1, 2001 included an ER indicator and an Observation indicator. Further detail is provided under the Data File Contents section.

Six Fiscal Year 2007 data levels have been created to correspond to the levels in ***Regulation 114.5 CMR 2.00; "Disclosure of Hospital Case Mix and Charge Data"***. (Please note that in the past, for the lower levels of data, deniable elements were not included in the database at all. This year, the deniable elements will merely be suppressed.) The user will have access to deniable data elements depending on the level of data for which they have been approved, and as specified for the various levels below. Higher levels contain an increasing number of the data elements defined as "Deniable Data Elements" in Regulation 114.5 CMR 2.00. The deniable data elements include: medical record number, billing number, Medicaid Claim Certificate Number (Medicaid Recipient ID number), unique health information (UHIN) number, date of admission, date of discharge, date of birth, date(s) of surgery, and the unique physician number (UPN). The six levels include:

LEVEL I	Contains all case mix data elements, except the deniable data elements
LEVEL II	Contains all Level I data elements, plus the UPN
LEVEL III	Contains all Level I data elements, plus the patient UHIN, the mother's UHIN, an admission sequence number for each UHIN admission record, and may include the number of days between inpatient stays for each UHIN record.
LEVEL IV	Contains all Level I data elements, plus the UPN, the UHIN, the mother's UHIN, an admission sequence number for each UHIN admission record, and may include the number of days between inpatient stays for each UHIN record.
LEVEL V	Contains all Level IV data elements, plus the date of admission, date of discharge, and the date(s) of surgery.
LEVEL VI	Contains all of the deniable data elements except the patient identifier component of the Medicaid recipient ID number.

PART A. BACKGROUND INFORMATION

4. DRG GROUPERS:

The FY2007 Hospital Discharge database has been grouped with 4 groupers:

- 1) All Patient Version 12.0
- 2) All Patient Version 21.0
- 3) All Patient Refined Version 20.0
- 4) Centers for Medicare and Medicaid Services (CMS) V24.0

Beginning in October 1991, the DHCFP began using 3M's All-Patient Grouper to classify all patient discharges for hospital's profiles of discharges and for the yearly database. This change in the grouping methodology was made because the All-Patient DRG better represented the general population and provided improvements in areas such as Newborns and the HIV population.

As part of the landmark health care reform legislation passed in April 2006, as well as careful consideration of the analytic work the Division is mandated to perform, the hospital discharge database contains one new grouping classification: Centers for Medicare and Medicaid Services (CMS) Version 24.0. Additionally, the All Patient Refined Grouper was upgraded from Version 15.0 to Version 20.0. Two All Patient DRG groupers were dropped: V14.1 and V18.0.

The All Patient-DRG methodology (Version 12.0, and 21.0) as well as the All Patient Refined DRG methodology (Version 20.0) is not totally congruent with the ICD-9-CM procedure and diagnosis codes in effect for this fiscal year. Therefore, it was necessary to convert some ICD-9-CM codes to those acceptable to these groupers. The DHCFP mapped the applicable ICD-9-CM codes into a clinically representative code using the historical mapper utility provided by 3M Health Information Systems. This conversion was done internally for the purpose of DRG assignment and in no way alters the original ICD-9-CM codes that appear on the database. These codes remain on the database as they were reported by the hospitals. The Division uses the version of the CMS grouper compatible with the fiscal year. Consequently, mapping ICD-9-CM codes is not necessary for this grouping system.

There are several birth weight options within the 3M Grouper software for determining newborn DRG assignment. Option 5, which determines the newborn DRG by inferring the birth weight from the ICD-9-CM code, is used as the birth weight option in implementations of groupers AP V12.0, V21.0 and APR V20.0. Birth Weight option is not applicable to the CMS grouper.

DRGs and the Verification Report Process

The hospital's profile of discharges, grouped by APR 20.0, is part of the verification report. Hospitals only comment on this grouped profile.

PART A. BACKGROUND INFORMATION

4. DRG GROUPERS - Continued:

All Patient Refined Grouper (3M APR-DRG 20.0)

The All Patient Refined DRGs (3M APR-DRG) are a severity/risk adjusted classification system that provide a more effective means of adjusting for patient differences. APR-Version 20.0 replaces the previously used APR V15.0.

The 3M APR-DRGs expand the basic DRG structure by adding four subclasses to each illness and risk of mortality. Severity of illness and risk of mortality relate to distinct patient attributes. Severity of illness relates to the extent of physiologic decompensation or organ system loss of function experience by the patient, while risk of mortality relates to the likelihood of dying. For example, a patient with acute cholecystitis as the only secondary diagnosis is considered a major severity of illness but a minor risk of mortality. The severity of illness is major since there is significant organ system loss of function associated with acute cholecystitis. However, it is unlikely that the acute cholecystitis alone will result in patient mortality and thus, the risk of mortality for this patient is minor. If additional diagnoses are present along with the acute cholecystitis, patient severity of illness and risk of mortality may increase. For example, if peritonitis is present along with the acute cholecystitis, the patient is considered an extreme severity of illness and a major risk of mortality.

Since severity of illness and risk of mortality are distinct patient attributes, separate subclasses are assigned to a patient for severity of illness and risk of mortality. Thus, in the APR-DRG system, a patient is assigned three distinct descriptors:

- The base APR-DRG (e.g., APR-DRG 194 – Heart Failure or APR-DRG 440 – Kidney Transplant)
- The severity of illness subclass
- The risk of mortality subclass

The four severity of illness subclasses and the four risk of mortality subclasses are numbered sequentially from 1 to 4 indicating respectively, can not be assigned, minor, moderate, major, or extreme severity of illness or risk of mortality. For a handful of discharges, the risk of mortality and/or the severity of illness indicator(s) can not be assigned due to data or ICD-9-CM coding errors. In these cases, the risk of mortality and/or the severity of illness indicator(s) are assigned a code of '0'.

General Documentation
FY2007 Inpatient Hospital Discharge Database

DRG Groupers:

All Patient Refined Grouper V. 20.0 - Continued

The Division's FY 2007 Discharge Database contains the **APR- DRG 20.0, the APR-MDC 20.0, the severity subclass, and the mortality subclass**. For applications such as evaluating resource use or establishing patient care guidelines, the 3M APR-DRGs in conjunction with severity of illness subclass is used. The severity subclass data can be found in the Discharge File Table Summary in the variable named "**APR – V20 Severity Level**".¹ For evaluating patient mortality, the 3M APR-DRG in conjunction with the risk of mortality subclass is used. The mortality subclass data can be found in the Discharge File Table in the variable named "**APR – V20 Mortality Level**".

Please note that the Division maintains listings of the DRG numbers and associated descriptions for all DRG Groupers included in the database. These are available upon request.

Massachusetts-specific cost weights were developed for the All Patient Refined DRG Grouper (Version 20.0) and may be utilized with the information contained in the database.

General Documentation
FY2007 Inpatient Hospital Discharge Database

PART B. DATA

1. Data Quality Standards
2. General Definitions
3. General Data Caveats
4. Specific Data Elements

PART B. DATA

1. DATA QUALITY STANDARDS

The Case Mix Requirement Regulation 114.1 CMR 17.00 requires hospitals to submit case mix and charge data to the Division 75 days after each quarter. The quarterly data is edited for compliance with regulatory requirements, as specified in ***Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data***, using a one percent error rate. The one percent error rate is based upon the presence of Type A and Type B errors as follows:

Type A: One error per discharge causes rejection of discharge.

Type B: Two errors per discharge cause rejection of discharge.

If one percent or more of the discharges are rejected, the entire submission is rejected by the DHCFP. These edits primarily check for valid codes, correct formatting, and presence of the required data elements. Please see Supplement I for a list of data elements categorized by error type.

Each hospital receives a quarterly error report displaying invalid discharge information. Quarterly data which does not meet the one percent compliance standard must be resubmitted by the individual hospital until the standard is met.

Verification Report Process

The verification report process is intended to present the hospitals with a profile of their individual data as reported and retained by the Division. The purpose of this process is to function as a quality control measure for hospitals. It allows the hospitals the opportunity to review the data they have provided to the Division and affirm its accuracy. The Verification Report itself is a series of frequency reports covering the selected data elements including the number of discharges, amount of charges by accommodation and ancillary center, and listing of Diagnostic Related Groups (DRGs). Please refer to Supplement II for a description of the Verification Report contents.

PART B. DATA

1. DATA QUALITY STANDARDS

Verification Report Process – Continued

The Verification Report is produced after a hospital has successfully submitted the four quarters of data. The hospital is then asked to review and verify the data contained within the report. Hospitals need to affirm to the Division that the data reported is accurate or to identify any discrepancies. All hospitals are strongly encouraged to closely review their report for inaccuracies and to make corrections so that subsequent quarters of data will be accurate. Hospitals are then asked to certify the accuracy of their data by completing a **Case Mix Verification Report Response Form**.

The Verification Report Response Form allows for two types of responses as follows:

“A” Response: By checking this category, a hospital indicates its agreement that the data appearing on the Verification Report is accurate and that it represents the hospital’s case mix profile.

“B” Response: By checking this category, a hospital indicates that the data on the report is accurate except for the discrepancies noted.

If any data discrepancies exist (e.g., a “B” response), the Division requests that hospitals provide written explanations of the discrepancies, so that they may be included in this General Documentation Manual.

Note: The verification reports are available for review. Please direct requests to the attention of Public Records by facsimile to fax # 617-727-7662.

PART B. DATA

2. GENERAL DEFINITIONS

Before turning to a description of the specific data elements, several basic definitions (as contained in *Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data*) should be noted.

Case Mix Data

Case specific, diagnostic discharge data which includes both clinical data, such as medical reason for admission, treatment, and services provided to the patient, and duration and status of the patient's stay in the hospital; and socio-demographic data such as sex, race, expected payer, and patient zip code.

Charge Data

The full, undiscounted total and service-specific charges billed by the hospital to the general public.

Ancillary Services

The services and their definitions as specified in the DHCFP **Hospital Uniform Reporting Manual** (HURM) s. 3243, promulgated under 114.1 CMR 4.00.

Reporting codes are defined in 114.1 CMR 17.06 (2)(c), and include physical therapy, laboratory, and respiratory services.

Routine Services

The services and their definitions as specified in DHCFP's HURM s. 3241, promulgated under 114.1 CMR 4.00. Reporting codes are defined in 114.1 CMR 17.06(2)(a) and include medical/surgical, obstetrics, and pediatrics.

Special Care Units

The units which provide patient care of a more intensive nature than provided to the usual medical, obstetrical, or pediatric patient. These units are staffed with specially trained nursing personnel, and contain monitoring and specialized support equipment for patients who require intense, comprehensive care.

Leave of Absence Days

The number of days of a patient's absence during a hospital stay, with physician approval, but without formal discharge and readmission to the facility.

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PART B. DATA

3. GENERAL DATA CAVEATS

The following general data caveats have been developed from the Division's Case Mix Data Advisory Group, staff members at the Massachusetts Hospital Association (MHA), the Massachusetts Health Data Consortium (MHDC), and the numerous admitting, medical records, financial, administrative, and data processing personnel who call to comment on the Division's procedural requirements.

Information may not be entirely consistent from hospital to hospital due to differences in:

- Collection and Verification of Patient supplied information before or at admission;
- Medical record coding, consistency, and/or completeness;
- Extent of hospital data processing capabilities;
- Flexibility of hospital data processing systems;
- Varying degrees of commitment to quality of merged case mix and charge data;
- Capacity of financial processing system to record late occurring charges on the Division of Health Care Finance and Policy's electronic submission;
- Non-comparability of data collection and reporting.

Case Mix Data

In general terms, the case mix data is derived from patient discharge summaries, which can be traced to information gathered upon admission, or from information entered by admitting and attending physicians into the medical record. The quality of the case mix data is dependent upon hospital data collection policies and coding practices of the medical record staff, as well as the DRG optimizing software used by the hospital.

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PART B. DATA

3. GENERAL DATA CAVEATS - Continued

Charge Data

Issues to consider with charge data: A few hospitals do not have the capacity to add late occurring charges to their electronic submission within the present time frames for submitting data. In some hospitals, “days billed” or “accommodation charges” may not equal the length of the patient’s stay in the hospital. One should note that charges are a reflection of the hospital’s pricing strategy and may not be indicative of the cost of patient care delivery.

Expanded Data Elements

Care should also be used when examining data elements that have been expanded, especially when analyzing multi-year trends. In order to maintain consistency across years, it may be necessary to merge some of the expanded codes. For example, the Patient Disposition codes were expanded as of January 1, 1994 to include a new code for “Discharged/Transferred to a Rehab Hospital”. Prior to this quarter, these discharges would have been reported under the code “Discharged/Transferred to Chronic or Rehab Hospital” which itself was changed to “Discharged/Transferred to Chronic Hospital”. If examining these codes across years, one will need to combine the “rehab” and “chronic” codes in the data beginning January 1, 1994.

PART B. DATA

4. SPECIFIC DATA ELEMENTS

The purpose of the following section is to provide the user with an explanation of some of the data elements included in Regulation 114.1 CMR 17.00, and to give a sense of their reliability.

a. Existing Data Elements

DPH Hospital ID Number – REPLACED with Org ID for FY2007

The Massachusetts Department of Public Health's four-digit identification number. (See Supplement III). *Please note that DPH Hospital ID number has been replaced with Org ID for FY2007, beginning October 1, 2006.*

Patient Race

The accuracy of the reporting of this data element for any given hospital is difficult to ascertain. Therefore, the user should be aware that the distribution of patients for this data element may not represent an accurate grouping of the hospital's population.

Leave of Absence (LOA) Days

Hospitals are required to report these days to the Division, if they are used. At present, the Division is unable to verify the use of these days if they are not reported, nor can the Division verify the number reported if a hospital does provide the information. Therefore, the user should be aware that the validity of this category relies solely on the accuracy of a given hospital's reporting practices.

Principal External Cause of Injury Code

The ICD-9-CM code categorizes the event and condition describing the principal external cause of injuries, poisonings, and adverse effects.

Unique Physician Number (UPN)

The encrypted Massachusetts Board of Registration in Medicine's license number for the attending and operating physician.

Physicians that do not have Board of Registration in Medicine license numbers that are submitted in the Hospital Discharge Database as DENSG, PODTR, and OTHER (codes for Dental Surgeon, Podiatrist, and Other physician) appear in the AttendingPhysID and OperatingPhysID fields as MMMMM or MMMMM3?.

MIDWIF (the code for Midwife) appears in the AttendingPhysID and OperatingPhysID fields as K##### or K#####.

PART B. DATA

4. SPECIFIC DATA ELEMENTS

a. Existing Data Elements - *Continued*

Payer Codes

In January 1994, payer information was expanded to include payer type and payer source. Payer type is the general payer category, such as HMO, Commercial, or Workers' Compensation. Payer source is the specific health care coverage plan, such as Harvard Pilgrim Health Plan or Aetna Life Insurance.

Over the years, payer type and payer source codes have been further expanded and updated to reflect the current industry. Effective October 1, 1997, payer type codes started to include Point-Of-Service Plan (POS) and Exclusive Provider Organization (EPO). Effective October 1, 1999, payer type codes were updated for #21 – Commonwealth PPO to Type E – PPO (formerly type C – BCBS). Also effective on this date, payer source codes were expanded to include: 203 – Principal Financial Group; 204 – Christian Brothers; and 271 – Hillcrest HMO.

This year, the Division added a new Payer Type 'Q' for the Commonwealth Care category, and new Payer Sources for the Commonwealth Care plans.

A complete listing of Payer types and sources, including the new codes, can be found in this manual under Part F. Supplementary Information.

Source of Admission

In January 1994, three new sources of admission were added: ambulatory surgery, observation, and extramural birth (for newborns).

The codes were further expanded effective October 1, 1997, to better define each admission source. Physician referral was further clarified as "Direct Physician Referral" (versus calling a health plan for an HMO Referral or Direct Health Plan Referral). "Clinic Referral" was separated into "Within Hospital Clinic Referral" and "Outside Hospital Clinic Referral". And "Emergency Room Transfer" was further delineated to include "Outside Hospital Emergency Room Transfers" and "Walk-In/Self-Referrals". (The latter was added to reflect the fact that Walk-In/Self-Referrals are a common source of admission in hospital emergency rooms.)

Effective October 1, 1999, the Division added a new data element, Secondary Source of Admission, as well as a new source of admission code, "Transfer from Within Hospital Emergency Room". These additions were intended to accommodate those patients with two sources of admission (for example, patients transferred twice prior to being admitted). It is important to note that the code "Transfer from Within" is intended to be used as a Secondary Source of

PART B. DATA

4. SPECIFIC DATA ELEMENTS

a. Existing Data Elements - *Continued*

Source of Admission

Admission only, except in cases where the hospital is unable to determine the originating or primary source of admission.

Patient Disposition

Six new discharge/transfer categories were added in January 1994 and October 1997.

- 1) Code 05: To another type of institution for inpatient care or referred for outpatient services to another institution;
- 2) Code 08: To home under care of a Home IV Drug Therapy Provider;
- 3) Code 13: To rehab hospital
- 4) Code 14: To rest home
- 5) Code 50: Discharged to Hospice – Home (added 10/1/97)
- 6) Code 51: Discharged to Hospice Medical Facility (added 10/1/97)

Accommodation and Ancillary Revenue Codes

Accommodation and Ancillary Revenue Codes have been expanded to coincide with the current UB-92 Revenue Codes. Effective October 1, 1997, new Accommodation Revenue codes were added for Chronic (code 192), Subacute (code 196), Transitional Care Unit (TCU) (code 197), and for Skilled Nursing Facility (SNF) (code 198).

Also, effective in 1998, Ancillary Revenue Code 760 was separated into individual UB-92 components which include Treatment Room (code 761), Observation Room (code 762), and Other Observation Room (code 769). Please note that the required standard unit of service for codes 762 and 769 is “hours”.

Unique Health Identification Number (UHIN)

The patient’s social security number is reported as a nine-digit number, which is then encrypted by the Division into a Unique Health Information Number (UHIN). Therefore, a social security number is never considered a case mix data element. Only the UHIN is considered a database element and only the encrypted number is used by the Division. Please note that per regulation 114.1 CMR 17.00, the number reported for the patient’s social security number should be the patient’s social security number, not the social security number of some other person, such as the husband or wife of the patient. Likewise, the social security number for the mother of a newborn should not be reported in this field, as there exists a separate field designated for social security number of the newborn’s mother.

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4. SPECIFIC DATA ELEMENTS

b. New Data Elements (as of October 1, 2006)

Effective October 1, 2006, the following new data elements were added to Regulation 114.1 CMR 17.00. Additionally, new code values were added for race and patient status. Please note that implementation took place in two phases.

Race: Previously there was a single field to report patient race. Beginning this year, there are three fields to report race. Race 1, Race 2, and Other Race (a free text field for reporting any additional races). Also, race codes have been updated. Please see the Data Codes section for a listing of updated values. These are consistent with both the federal OMB standards and code set values, and the EOHHS Standards for Massachusetts.

Hispanic Indicator: A flag to indicate whether the patient is or is not Hispanic/Latino/Spanish.

Ethnicity: Three fields – separate from patient race -- to report patient ethnicity. Ethnicity 1, Ethnicity 2, and Other Ethnicity (a free text field for reporting additional ethnicities). Please see the Data Codes section for a listing of the 33 ethnicities.

Homeless Indicator: A flag to indicate whether the patient is or is not known to be homeless.

Condition Present on Admission Indicator: This is a qualifier for each diagnosis code (Primary, Diagnosis I – XIV, and primary E-Code field) indicating onset of diagnosis preceded or followed admission.

Permanent & Temporary US Patient Address:

Patient address now includes the following fields:

Patient Street Address

Patient City/Town

Patient State

Permanent Patient Country (ISO-3166)

New Zip Code Requirements: Zip codes must be 0's if unknown or if the patient country is not the United States.

New Patient Status Values: Please see data codes section for new values. Values were updated to be consistent with UB-92 standards.

HCF Organization ID: This replaces the MDPH Hospital Computer #. Previously this was reported for ED data only.

Transfer Hospital Org ID: Organization ID of the transferring hospital, if any.

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Hospital Service Site Reference: OrgID for site of service.

Surgeon License Number & Date: Expanded from 3 to 15 procedures.

c. New Data Elements (as of October 1, 2001)

Effective October 1, 2001, two new data elements were added to Regulation 114.1 CMR 17.00 – an ER indicator and an Observation indicator.

ER Indicator

A flag to indicate whether the patient was admitted from the hospital's emergency department.

Observation Indicator

A flag to indicate whether the patient was admitted from the hospital's outpatient observation department.

New Payer Sources

The following new payer sources were added as of October 1, 2001:

207 – Network Health (Cambridge Health Alliance MCD Program)

208 – HealthNet Boston (Boston Medical Center MCD Program)

272 – Auto Insurance

990 – Free Care – co-pay, deductible, or co-insurance (for use with #143)

New Payer Type

One new payer type was added – Auto Insurance (Code T – Abbreviation AI).

d. New Data Elements (as of October 1, 1999)

Effective October 1, 1999, several new data elements were added to Regulation 114.1 CMR 17.00. They are as follows.

Secondary Source of Admission

A code indicating the source of referring or transferring the patient to inpatient status in the hospital. The Primary Source of Admission is the originating, referring, or transferring facility or primary referral source causing the patient to enter the hospital's care. The secondary source of admission is the secondary referring or transferring source for the patient. For example, if a patient has been transferred from a SNF to the hospital's Clinic and is then admitted, the Primary Source of Admission is reported as "5 – Transfer from a SNF" and the Secondary Source of Admission is reported as "Within Hospital Clinic Referral".

PART B. DATA

4. SPECIFIC DATA ELEMENTS

d. New Data Elements (as of October 1, 1999) – *Continued*

Do Not Resuscitate (DNR) Status

A status indicating that the patient had a physician order not to resuscitate or the patient had a status of receiving palliative care only. Do not resuscitate status means not to revive a patient from potential or apparent death or that a patient was being treated with comfort measures only.

Mother's Social Security Number (for infants up to one year old)

The social security number of the patient's mother reported as a nine-digit number for newborns or for infants less than 1 year old. The mother's social security number is encrypted into a Unique Health Information Number (UHIN) and is never considered a case mix data element. Only the UHIN is considered a database element and only this encrypted number is used by the Division.

Mother's Medical Record Number (for newborns born in the hospital)

The medical record number assigned within the hospital to the newborn's mother. This medical record number distinguishes the patient's mother and the patient's mother's hospital record(s) from all others in that institution.

Facility Site Number

A hospital determined number used to distinguish multiple sites that fall under one organizational ID number.

Organization ID

A unique facility number assigned by the Division.

Associated Diagnosis 9 – 14

This data element has been expanded to allow for up to 14 diagnoses.

Nurse Midwife Code for ATT and OP MD License Field

Other Caregiver Field

The primary caregiver responsible for the patient's care other than the attending physician, operating room physician, or nurse midwife as specified in the Regulation. Other caregiver includes resident, intern, nurse practitioner, and physician's assistant.

Attending, Operating, and Additional Caregiver National Provider Identifier Fields

Please note that these are not yet part of the database. They are just placeholders for when they are implemented. These data elements will be required when available on a national basis.

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PART B. DATA

d. Important Note Regarding the Use of Race Codes

Beginning in FY07, the Division will use the federal OMB standard race codes and code set values. These are also consistent with the EOHHS standards for Massachusetts. There are now three fields for reporting race. Race 1 and Race 2 require the use of one of the 2-digit codes (R1-R5) in the table below. Other Race is a free text field for reporting additional races.

Please see the following table for new HCF Race Codes:

New Race Code	Description
R1	American Indian /Alaska Native
R2	Asian
R3	Black/African American
R4	Native Hawaiian or Other Pacific Islander
R5	White
R9	Other Race
Unknown	Unknown/not specified

Race Code Data for FY2006 and prior years

If you have used data in previous years, you may have noted that the Race_Code information in the Inpatient file prior to FY2000 was inconsistent with the way the data was reported to the Division. Furthermore, the Inpatient data product was inconsistent with other data products, such as the Outpatient Observation data product. In FY2000, we corrected this inconsistency by standardizing the Race Code as the following table shows. Please note that to compare pre-FY2000 Inpatient data to data submitted between FY2000 – FY2006, you will have to standardize using the translation table below.

Race Code	Description	Pre-2000 Inpatient FIPA Code
1	White	White
2	Black	Black
3	Asian	Other
4	Hispanic	Unknown
5	American Indian	American Indian
6	Other	Asian
9	Unknown	Hispanic

*This format is consistent across all Division data products for these fiscal years, except pre-2000 Inpatient, and was the same format as reported to the Division.

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PART B. DATA

e. DHCFP Calculated Fields

Admission Sequence Number

This calculated field indicates the chronological order of admissions for patients with multiple inpatient stays. A match with the UHIN only, is used to make the determination that a patient has had multiple stays.**

Days Between UHIN Stays

This calculated field indicates the number of days between each discharge and each consecutive admission for applicable patients. Again, a match with the UHIN only, is used to make a determination that a patient has been readmitted. (Please read the comments below.)**

Analysis of UHIN data by the Division has turned up problems with some of the reported data. For a small number of hospitals, little or no UHIN data exists, as these hospitals failed to report patients' social security numbers (SSN). Other hospitals reported the same SSN repeatedly, resulting in numerous admissions for one UHIN. In other cases, the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother's SSN to her infant or assignment of a spouse's SSN to a patient. This demographic analysis shows a probable error rate in the range of 2% – 10%.

In the past, the DHCFP has found that, on average, 91% if the SSNs submitted are valid when edited for compliance with rules issued by the Social Security Administration. Staff continually monitors the encryption process to ensure that duplicate UHINs are not inappropriately generated, and that recurring SSNs consistently encrypt to the same UHIN. Only valid SSNs are encrypted to a UHIN. It is valid for hospitals to report that the SSN is unknown. In these cases, the UHIN appears as '000000001'.

Invalid SSNs are assigned 7 or 8 dashes and an error code. The list of error codes is as follows:

ssn_empty = 1
ssn_notninechars = 2
ssn_allcharsequal = 3
ssn_firstthreecharszero = 4
ssn_midtwocharszero = 5
ssn_lastfourcharszero = 6
ssn_notnumeric = 7
ssn_rangeinvalid = 8
ssn_erroroccurred = 9
ssn_encrypterror = 10

**Based on these findings, the DHCFP strongly suggests that users perform some qualitative checks of the data prior to drawing conclusions about that data.

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PART C. HOSPITAL RESPONSES

1. Summary of Hospitals' FY2007 Final Verification Report Responses
2. List of Error Categories
3. Summary of Reported Discrepancies By Category
4. Index of Hospitals Reporting Data Discrepancies
5. Individual Hospital Discrepancy Documentation

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PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2007
Final Verification Report Responses

ORG ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
1	Anna Jaques Hospital	X			
2	Athol Memorial Hospital	X			
5	Baystate Franklin Medical Center	X			See comments.
6	Baystate Mary Lane	X			See comments.
4	Baystate Medical Center	X			See comments.
7	Berkshire Medical Center	X			
10	Beth Israel Deaconess Medical Center	X			
53	Beth Israel Deaconess – Needham		X		See comments.
16	Boston Medical Center	X			
22	Brigham and Women's Hospital	X			
25	Brockton Hospital		X		See comments.
27	Cambridge Health Alliance Hospitals	X			
39	Cape Cod Hospital	X			
42	Caritas Carney Hospital	X			

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PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2007
Final Verification Report Responses

ORG ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
62	Caritas Good Samaritan Medical Center	X			
4460	Caritas Good Sam. Medical Ctr. – Norcap Lodge Campus	X			
75	Caritas Holy Family Hospital	X			
41	Caritas Norwood Hospital & Med. Ctr.	X			
114	Caritas Saint Anne's Hospital	X			See comments.
126	Caritas St. Elizabeth's Medical Center	X			
46	Children's Hospital Boston	X			
132	Clinton Hospital	X			
50	Cooley Dickinson Hospital	X			
51	Dana-Farber Cancer Institute	X			
57	Emerson Hospital	X			
8	Fairview Hospital	X			
40	Falmouth Hospital	X			
59	Faulkner Hospital		X		See comments.

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PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2007
Final Verification Report Responses

ORG ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
66	Hallmark Health – Lawrence Memorial Hospital Campus	X			
141	Hallmark Health – Melrose-Wakefield Hospital Campus	X			
68	Harrington Memorial Hospital	X			
71	Health Alliance Hospitals, Inc.		X		See comments.
73	Heywood Hospital	X			
77	Holyoke Medical Center		X		
78	Hubbard Regional Hospital		X		See comments.
79	Jordan Hospital	X			See comments.
81	Lahey Clinic	X			
83	Lawrence General Hospital		X		See comments.
85	Lowell General Hospital	X			
88	Martha's Vineyard Hospital	X			
89	Massachusetts Eye and Ear Infirmary	X			
91	Massachusetts General Hospital		X		See comments.

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PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2007
Final Verification Report Responses

ORG ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
118	Mercy Medical Center - Providence	X			
119	Mercy Medical Center – Springfield	X			
70	Merrimack Valley Hospital	X			
49	MetroWest Medical Center	X			
97	Milford Regional Medical Center	X			
98	Milton Hospital	X			
99	Morton Hospital and Medical Center	X			
100	Mount Auburn Hospital	X			See comments.
101	Nantucket Cottage Hospital		X		See comments.
52	Nashoba Valley Medical Center	X			
103	New England Baptist Hospital		X		See comments.
105	Newton-Wellesley Hospital	X			
106	Noble Hospital		X		See comments.

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PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2007
Final Verification Report Responses

ORG ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
107	North Adams Regional Hospital	X			
116	North Shore Medical Center	X			
109	Northeast Health System – Addison Gilbert Campus	X			
110	Northeast Health System – Beverly Campus	X			
112	Quincy Medical Center	X			
127	Saint Vincent Hospital at Worcester Medical Center		X		See comments.
115	Saints Memorial Medical Center	X			
122	South Shore Hospital	X			
123	Southcoast Hospitals Group – Charlton Memorial Campus	X			
124	Southcoast Hospitals Group – St. Luke's Campus	X			
145	Southcoast Hospitals Group – Tobey Hospital Campus	X			
129	Sturdy Memorial Hospital	X			
104	Tufts Medical Center	X			

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PART C. HOSPITAL RESPONSES

Summary of Hospitals' FY 2007
Final Verification Report Responses

ORG ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
133	U Mass. Marlborough Hospital		X		See comments.
131	U Mass. Memorial Medical Center		X		See comments.
139	U Mass. Wing Memorial Hospital		X		See comments.
138	Winchester Hospital	X			

* Hospitals with no verification received were strongly pursued to verify their data. Each hospital was contacted numerous times via telephone and letter and given ample opportunity to respond. As of the cutoff date, however, the Division had not received a Verification Response Form from the hospital.

PART C. HOSPITAL RESPONSES

2. LIST OF ERROR CATEGORIES

- Source of Admission
- Type of Admission
- Discharges by Month
- Primary Payer Type
- Diagnosis Codes per Discharge
- Patient Disposition
- Gender
- Procedure Codes per Discharge
- Race
- Age
- Top 20 E-Codes
- AP 12 MDCs Ranked
- AP 14 MDCs Ranked
- APR 15 MDCs Ranked
- AP 18 MDCs Ranked
- Top 20 AP 12 DRGs
- Top 20 AP 14 DRGs
- Top 20 APR 15 DRGs
- Top 20 AP 18 DRGs
- Length of Stay
- Ancillary Services
- Routine Accommodation
- Special Care Accommodation
- Ancillary Services Charges
- Routine Accommodation Charges
- Special Care Accommodation Charges

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PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY

Hospital	Source of Admission	Type of Admission	Discharges by Month	Primary Payer	Patient Disposition	Gender	Race
Baystate Franklin					X		
Baystate MaryLane					X		
Baystate Medical Center					X		
Beth Israel Deaconess - Needham	X						
Faulkner	X				X		X
Health Alliance	X						
Lawrence General	X						
Mass. General							X
Nantucket	X	X	X		X		X
Noble			X				
UMass. Wing							X

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PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY (Continued)

Hospital	Race / Ethnicity	Ethnicity	Hispanic Indicator	Age	AP 20 MDCs	Top 20 AP 20 DRGs	Length of Stay
Faulkner	X						
Holyoke			X				
Mass. General	X	X	X				
Nantucket	X		X	X			
New England Baptist	X		X				
Noble					X	X	
UMass. Memorial	X	X					
UMass. Wing	X	X	X				

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PART C. HOSPITAL RESPONSES

3. SUMMARY OF REPORTED DISCREPANCIES BY CATEGORY (Continued)

Hospital	Ancillary Services Discharges	Routine Accommod. Discharges	Special Care Accommod.	Ancillary Services Charges	Routine Accomm. Charges	Special Care Accomm. Charges	Condition Present On Admission
Caritas St. Anne's				X			
Health Alliance							X
Jordan							X
Lawrence General							X
Nantucket		X					
Noble		X					X
St. Vincent		X			X		X
UMass. Marlborough				X			
UMass. Memorial							X
UMass. Wing	X						X